EXHIBIT

Folder 3
Pt1

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

Industrial Major

05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd CATION		¥		YEAR MO		AR MO DAY 7 06 30		NOTE: RE		T AND GENERAL I	NSTRUCTIONS IRM.
**	<u>_</u>	- CUANTI	FROM TY OR LOADING	07.100		QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ARAMETER	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	d		24/1C
(N. K.TEL.)	REPORTD	122	******	KG/D	********	20.9	*****	MG/L	Ø	1/W	24HC
8 TKN (N-KJEL)	REQRMNT	NL	*******	KG/D	F++ ## +++ 4	NL NL		C	Ø	20/W	IS.
30 TEMPERATURE, WATER	REPORTD	****	****		*******	25.0	27.9	c	2	2D/W	IS
DEG. C)	REQRMNT	****	*******		*****	NL NL	******	N/CML	0	1/1	GRAB
40 ENTEROCOCCI	REPORTD	****	*****	1	****	200	****	N/CML	-	1/W	GRAB
	REQRMNT	*****	******		*****	******	<100	TU-A	Ø	1/314	24AC
79 TOXICITY, FINAL,	REPORTD	*****	******	-	****	******	14	TU-A	Ι΄	1/3M	24HC
CUTE	REQRMNT	*****	*****	KG/D.	****	12.0	*****	MG/L	10	1/W	24140
89 NITRITE+NITRATE-	REPORTD	17	******	KG/D	2+++++++	NL	****	MG/L		1/W	24HC
, TOTAL	REQRMNT	NL		KG/D	*******	******	*****		Ø	2/M	GRAB
500 OIL & GREASE	REPORTD		5.3	KG/D	*******	******	*****		1	2/M	GRAB
	REQRMNT			KG/M	******	******	******	-112	Ø	1/M	CALC
791 NITROGEN, TOTAL (AS	REPORTD	*****	320	KG/MO	*******	*****	******			1/M	CALC
N) (MONTHLY LOAD)	REQRMNT	*****			******	****	******		1-	- (1FD	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REQRMNT	*****	NL	KG/YR	*******	*****	*****			1/YR	CALIC
ADDITIONAL PERMIT REQUIREMENTS OF		L									

ADDITIONAL				- PERATOR IN I	RESPONSIBLE CHARGE		DAT	E =	
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.) THIS DOCUMENT AND ALL PRISTON IN ACCORDANCE	ATTACHMENTS WERE	Graham Lyell Jett	1 1 1 1	1911004463 CERTIFICATE NO.	07 YEAR	101	OG DAY
PREPARED UNDER TO ASSURE THAT SUBMITTED. BASI THOSE PERSONS SUBMITTED IS TO I AM AHARE THA INCLUDING THE	MY DIRECTION ON ABOVE QUALIFIED PERSONNEL ED ON MY INQUIRY OF T DIRECTLY RESPONSIBLE O THE BEST OF MY KNOW T THERE ARE SIGNIFICATION POSSIBILITY OF FINE	PROPERLY GATHER AND EVENT PERSONS OF PERSONS	ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR NUMBERS OF THE INFORMATION	PRINCIPAL EXECUTIVE OFFICE OFFICE OF PRINTED NAME	ER OR AUTHORIZED AGENT SIGNATURE SIGNATURE	TELEPHONE 804-453-421/	O7 YEAR	07 Mo.	OG DAY

610 Menhaden Rd

AME

ACILITY

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003867 002

PERMIT NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

Industrial Major

05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

57 4 347 (5.05)				07100		7 06 30 QUALITY OR CO			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	1	QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	L/	VIVVELOIG	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	1*******	*****		0	1/19	CALC
793 PHOSPHORUS, TOTAL (AS	REPORTD	*****	147.9	176/M	* * * * * * * * *	******	****		14	1/M	CALC
P) (MONTHLY LOAD)	REQRMNT	*****	NL	KG/MO	****	****	******		1		
794 PHOSPHORUS, TOTAL (AS	REPORTD	*****			******	****	****		1	1/YR	CALC
P) (CALENDAR YEAR)	REQRMNT	*****	NL	KG/YR	++**++**		******	MG/L	10		24H
795 ORTHOPHOSPHATE (AS P)	REPORTD	2.3	*****	KG/D	++++**	a.7_	****	MG/L	+	1/W	24HC
795 ORINOTHODISCIPLIA	REQRMNT	NL	****	KG/D	*****	NL	******	1	0	1/1	CAL
805 NITROGEN, TOTAL (AS	REPORTD	*****	367.3	116/1		******	*****	+		1/M	CALC
N) (YEAR-TO-DATE)	REQRMNT	******	NL	KG/YR	*******	*****	******	+	0	11/14	CAL
806 PHOSPHORUS, TOTAL (AS	REPORTD	*******	65.0	ITG/Y		****	****	-	1	1/M	CALC
P) (YEAR-TO-DATE)	REQRMNT	*****	иг	KG/YR	*****		-		1		
	REPORTD					_		1	-	*****	
	REQRMNT					-	+	1			
	REPORTE				-					*****	
	REQRMN				-	_					
	REPORT									*****	
	REQRMN	Т			l						

OPERATOR IN RESPONSIBLE CHARGE 06 TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) 1911004463 TOTAL BYPASSES OCCURRENCES AND DAY MO. YEAR CERTIFICATE NO. **OVERFLOWS** SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TELEPHONE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR -204.453.4211 OG THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. DAY MO. YEAR I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION SIGNATURÉ TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 13 U.S.C. & 1319. (Penaltics under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Omega Protein - Reedville

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VA 22539

Reedville
ACILITY
OCATION
610 Menhaden Rd

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

01

07

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	1	OUANTI	TY OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS] L.X.	ANALTOIG	
		AVERAGE	Withingth		******	*******	()				
01 FLOW	REPORTD	17 200 18 18 18 18 18			******	*****	X			CONT	EST
	REQRMNT	NL	NL	MGD	***************************************	2	()	-	+-		
002 PH	REPORTD	******	*****			*******	9.0	SŬ		2/M	GRAB
	REQRMNT	***	*****		6.65		******	100	-	2/11	-
003 BOD5	REPORTD				1.0 * = 5 5 * * *	*****			-	0.47	24HC
103 HOD2	REQRMNT	4300	7700	KG/D	******	*****	******		+	2/M	24HC
201 072	REPORTD		110		******	*****	******				24HC
004 TSS	REQRMNT	110	280	KG/D	******	*****	****	-		2/M	ZARC
	REPORTD	******	******				*****				GENE
007 DO	REQRMNT	*****	******		NL	NL	******	MG/L	_	1/DAY	GRAB
			******		******		*****		1		
012 PHOSPHORUS, TOTAL (AS	REPORTD				*****	2.0	*****	MG/L		1/W	24HC
P)	REQRMNT	3.0	******	KG/D	*******		*******				
moment (ag	REPORTD		******		********		1	110.17	-	1/W	CALC
013 NITROGEN, TOTAL (AS N)	REQRMNT		*****	KG/D	*****	NL	*****	MG/L	_{-	17W	TCABC
	REPORTD		*****		******		1	MG/L		2/M	24HC
039 AMMONIA, AS N	REQRMNT		*****		*****	37	45	MG/D		2/14	1 2 1

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) TOTAL 1911004463 07 107 BYPASSES 06 OCCURRENCES AND DAY **OVERFLOWS** MO. CERTIFICATE NO. YEAR I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR 06 804.453-4211 THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 07 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. DAY MO. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION YEAR SIGNATURE TYPED OR PAINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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Reedville

OCATION 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

fines up to \$10,000 and/or maximum imprisonment of batween 6 months and 5 years.)

COMMUNIVERLIN OF VINGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR TO 07 06 01

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		OUANTIT	Y OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ARAMETER	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS] EA.	ANALYSIS	
SA TIOL AL VITTA	REPORTD		*******		*****		****				
68 TKN (N-KJEL)		NL	*******	KG/D	******	NL	*****	MG/L	-	1/W	24HC
080 TEMPERATURE, WATER	REPORTD	*****	*****		*****		~ 0 - 7		-		Is
(DEG. C)	REQRMNT	*****	******		*****	INT a r	No.	С	_	1/DAY	1 15
389 NITRITE+NITRATE-	REPORTD		******			1	<i>()</i>	MG/L	-	1/W	24HC
V, TOTAL	REQRMNT	NL X	******	KG/D	*****	NL		I FIGT II		17,44	21110
442 COPPER, DISSOLVED	REPORTD	******	1		****		NĽ	UG/L	-	1/M	GRAB
(UG/L AS CU)	REQRMNT	******			*******	NL	******	1	_		
500 OIL & GREASE	REPORTD				*****	*******	*****	 	_	2/M	GRAB
	REQRMNT	430	780	KG/D		*****	******				
791 NITROGEN, TOTAL (AS	REPORTD	****			******	******	******	-		1/M	CALC
N) (MONTHLY LOAD)	REQRMNT	******	NL	KG/MO	******	******	****				
792 NITROGEN, TOTAL (AS	REPORTD	*****			******	*****	******			1/YR	CALC
N) (CALENDAR YEAR)	REQRMNT	*****	NL	KG/YR	*****	******	******	1	_		
793 PHOSPHORUS, TOTAL (AS	REPORTO	*******			******	*****	*****		_	1/M	CALC
P) (MONTHLY LOAD)	REQRMNT	*****	NL	KG/MO				_!			
ADDITIONAL PERMIT REQUIREMENTS OR	COMMENTS										
		TOTAL	BOD5(K.G.)	C	PERATOR IN RE	ESPONSIBLE CH	ARGE			DAT	
BYPASSES TOTAL OCCURRENCES	TOTAL FLO	W(M.G.)		BrechonLe	W Tott	Mlan Z	wall of	191100	1446	3 07	070
OVERFLOWS NOW C	THIS DOCUMEN	T AND ALL ATTACHOUN	TS WERE	TYPED OR PRIN	TED NAME	SIGNATURI	7	CERTIFICA	TE NO.	YEAR	MO. DA
PREPARED UNDER MY DIRECTION OR SUPI	EKATSTON TH WO	ED AND EVALUATE THE	INFORMATION -			R OR AUTHORIZ	ED AGENT	TELEPHO			
SUBMITTED, BASED ON MY INQUIRY OF	THE PERSON OF	THE INFORMATION, T	HE INFORMATION .	THINCIPAL EXE	"Tott	21. //	Profile JA	804.45	3.42	11 07	070
THOSE PERSONS DIRECTLY RESPONSIBLE SUBMITTED IS TO THE BEST OF MY KNOW I AM AWARE THAT THERE ARE SIGNIFIC. INCLUDING THE FOSSIBILITY OF PINE U.S.C. & 1001 AND 33 U.S.C. & 1319 fines up to \$10,000 and/or maximum	ANT PENALTIES AND IMPRISONM	FOR SUBMITTING FALS	E INFORMATION, ATIONS, SEE 18 may include	TYPED OR PRI	ON-JELL NTED NAME	signatur	7			YEAR	MO. D.

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Reedville

ACILITY 610 Menhaden Rd OCATION

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VA 22539

COMMONWEALTH OF VIRGINIA S)

DEPAR	IMENT OF ENVIRONMENTAL GUALITY
NATIONAL I	POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDE
	DISCHARGE MONITORING REPORT(DMR)

003 VA0003867

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 06 30 01 TO 07

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

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VA 23060

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DARAMETER	1	QUANTI	TY OR LOADING	V 150		QUALITY OR CO.	NCENTRATION		NO. EX.	FREQUENCY OF	SAMPLE
PARAMETER	İ	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS] EX.	ANALYSIS	
794 PHOSPHORUS, TOTAL (AS	REPORTD	*****			*****	*****	*******				
P) (CALENDAR YEAR)	REQRMNT	******	NL	KG/YR	*******	*******	*******			1/YR	CALC
795 ORTHOPHOSPHATE (AS P)	REPORTO		******		*******		pr.61.				
	REQRMNT	NL	*****	KG/D		Mr. NO	***/****	MG/L		1/W	24HC
805 NITROGEN, TOTAL (AS	REPORTD	*****			1 *** 1 ***	******	** 14. ***				
N) (YEAR-TO-DATE)	REQRMNT	*****	NL	KG/YR	***	****	*******			1/M	CALC
806 PHOSPHORUS, TOTAL (AS	REPORTD	******	1110	7 '	*******	*******	*******				
P) (YEAR-TO-DATE)	REQRMNT	*****	NL V	KG/YR	*****	*******	*******			1/M	CALC
	REPORTD								4_		
	REQRMNT		1							*****	
	REPORTD								_		<u></u>
	REQRMNT								-	*****	-
	REPORTD										
	REQRMNT								-	*****	-
	REPORTD							- 		*****	-
	REQRMNT									*****	1

BYPASSES	TOTAL	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN F	RESPONSIBLE CHARGE		DA	TE	
AND	OCCURRENCES	TOTALTEDY(III.C.)	1	1 1 1 mm water	Marken Land oft	1911004463	(1)	01	06
I CERTIFY UNDER	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	мо.	DAY
TO ASSURE THAT C	UALIFIED PERSONNEL	PROPERLY GATHER AND EV. IF PERSON OR PERSONS W	WITH A SYSTEM DESIGNED ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE			
THOSE PERSONS DE	RECTLY RESPONSIBLE	FOR GATHERING THE INFO	KMATION, THE INTOINE	1 1 1 -in inform	Markan Linea Ost	804.453.4211	07	077	06
I AM AWARE THAT INCLUDING THE PO	THERE ARE SIGNIFICAL DESIBILITY OF FINE A	NT PENALTIES FOR SUBMIT ND IMPRISONMENT FOR KN	TTING FALSE INFORMATION OWING VIOLATIONS. SEE 10 a statutes may include in 6 months and 5 years.	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
fines up to \$10,	000 and/or maximum	THIDTTAGRAMENT OF SACHE				1			

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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO YEAR

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DATE

YEAR

YEAR

DAY

06

DAY

MQ.

MO.

READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	- T			07 06		7 06 30	NCENTRATION		NO. EX.	Ur	SAMPLE TYPE
PARAMETER	_		TY OR LOADING MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	E.A.	ANALYSIS	
		AVERAGE			******	*******	******		101	CONT	EST
001 FLOW	REPORTD	3.131	4.212	MG-D		******	*****		1~	CONT	EST
	REQRMNT	NL	NL	MG",	******	******	0 19	5/1	Ø		GRAB
002 PH	REPORTD	****	******		7.82		8.29	50 su	V	5D/W	GRAB
JUZ FII	REQRMNT	******	*****		6.Ù	******	9.0		12		
TOWNS (AC OIL)	REPORTD	******	*****		*******	41	41	UG/L	Ø	1	24HC
019 COPPER, TOTAL (AS CU)	REQRMNT	******	****		******	NL	NL	UG/L	1	1/M	
		*****	******		*****	34.7	38.9	<u></u>	Ø	1/0	IS
080 TEMPERATURE, WATER	REPORTD	*****	******	_	*****	NL	45	C		1/DAY	IS
(DEG. C)	REQRMNT	4	******	-	*******	3.20	3.20	UG-/2	Ø	1/14	24H
186 SILVER, TOTAL	REPORTD	*******			*****	NL	NL	UG/L		1/M	24HC
RECOVERABLE	REGRMNT	******	*****		******		50	UG-12	10	11/M	GRA
448 ZINC, DISSOLVED (AS	REPORTD	*****	******			50	50 NL	UG/L	12	1/M	GRAB
ZN) (UG/L)	REQRMNT	******	******		*******	NL	I ND	+	+		1
	REPORTD							-	-	*****	1
	REQRMNT	1					-	-	-		
	REPORTO					-		-		*****	
	REQRMNT	r									

OPERATOR IN RESPONSIBLE CHARGE

TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) 11004463 TOTAL BYPASSES **OCCURRENCES** AND**OVERFLOWS** CERTIFICATE NO. SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR

Industrial Major

11/16/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATION			11(0)	07 06		DUALITY OR COM	CENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTIT	Y OR LOADING			AVERAGE	MAXIMUM	UNITS	J.,,,		
ARAMETER	1	AVERAGE	MAXIMUM	UNITS	MUMINIM	****	****	· ·	Ø	1/1/1	CALC
TOTAL (AS	REPORTD	****	1711	KG/M	****	****	****		1	1/M	CALC
91 NITROGEN, TOTAL (AS) (MONTHLY LOAD)	ti-	*****	ИГ	KG/MO	*****	****	****	,			
92 NITROGEN, TOTAL (AS	REPORTD	3			****	****	*****			1/YR	CALC
(CALENDAR YEAR)	REQRMNT	****	NL	KG/YR	****	*****	****		Ø	1/M	CALC
793 PHOSPHORUS, TOTAL (AS	REPORTD	****	87.0	HG/M	****	*****	*****			1/M	CALC
P) (MONTHLY LOAD)	REQRMNT	****	NL	KG/MO	*****	****	*****				1
794 PHOSPHORUS, TOTAL (AS	REPORTD			KG/YR	******	******	***		<u></u>	1/YR	CALC
P) (CALENDAR YEAR)	REQRMNT	****	NL DOTO	176-/7	********	****	*****		Ø	1/1	CALC
805 NITROGEN, TOTAL (AS	REPORTD	*****	2379	KG/YR	*****	*****	*****			1/M	CALC
N) (YEAR-TO-DATE)	REQRMNT	******	NL -		******	*****	*****		Ø		CALC
806 PHOSPHORUS, TOTAL (AS	REPORTD		125.5	KG/YR	******	*****	*****		_	1/M	CALC
P) (YEAR-TO-DATE)	REQRMNT	*****	NL	1607 211						*****	+
	REPORTE									*****	+
	REQRMN			-	 					*****	
	REPORT			-						******	
	REQRMN	Τ									

COLARGE			_
OPERATOR IN RESPONSIBLE CHARGE OPERATOR IN RESPONSIBLE CHARGE	07	07 06	
BYPASSES TOTAL TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)	OI	10,10	-
AND OCCURRENCES OF CO. FINALIM LIEUS, KILL MORAM STATE CERTIFICATE NO.	YEAR	MO. DAY	4
TELEPHONE			
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ROI	LILITA			Co	ckrell C	Creek			
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Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)			
001	7-Jun-07	10:05	25.4	8.39	0.873	11.2			
002	7-Jun-07	9:55	25.7	8.31	0.684	11.6			
995	7-Jun-07	10:10	25.2	8.23	0.878	11.3			
			1						

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

.	Time o	ما	BOD (mg/L)	DO (ma/L)	AMN (mg/l	1 Te	emp C	pH SU	Salinity ppt	Time of Sample	,	BOD mg/L)	DO (mg/L)	AMM (mg/L)	Tem C	P (pH SU) T	Salinîty ppt
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Name of Vessel John S. Dempster

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

•	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
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Name of Vessel Earl J. Conrad

Name of Sampler ____Andy Hall ___

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY EMP Compliance Report

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Facility Name: Omega Protein Address: Reedville, Va.	#6 # #	a la companya di santa di sant
VPDES Permit No.: VA0003867		
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true, accurate and complete. I am including the possibility of fine and in	aware that there are significant penalties aware that there are significant penalties apprisonment for knowing violations. See 10 audie these statutes may include fines and 5 years).	up to \$10,000 and or maximum
U.S.C. paragraph 1319. (Penalties imprisonment of between 6 months a	and 5 years).	<u></u>
Alanha Justill) A 01-01	<u>01</u>
Signature of Principal Officer or Auth	forized Agent / Date	5
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ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY EMP Compliance Report

Paint Area *Comments on Noncompliance *TED SCHULT2 REGULATORY Com PLIANCE Name of Principal Exec. Officer or Authorized Agent / Title !certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the in accordance with a system designed to assure that qualified personnel properly gather and evaluate fine information submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information for knowing violations. See 18 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **The Statistical Afficer or Authorized Agent / Date	Facility Name: Omega Protein Address: Reedville, Va.
Paint Area COMPLIANCE / NONCOMPLIANCE* (check as appropriate) *Comments on Noncompliance *Comments on Noncompliance TED SCHULT 2 REGULATORY Cam PLIANCE Name of Principal Exec. Officer or Authorized Agent / Title I certify under penalty of law that this document and all attachments were prepared under my direction or supervision information, submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information for knowing violations. See 18 U.S.C. paragraph 1001 and 33 including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).	VPDES Permit No.: VADD03B67
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ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY EMP Compliance Report

Facility Name: Omega Protein Address: Reedville, Va.
VPDES Permit No.: VA0003867
: C 10.47- 6.24/07
Report Period: From 6 1/8/07 To 6 124/07
Paint Area COMPLIANCE / NONCOMPLIANCE (check as appropriate)
*Comments on Noncompliance
TED SCHULTZ /REGULATORY COMPLIANCE
Name of Principal Exec. Officer or supervision
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I certify under penalty of law that this document and all attachments were prepared under my director of the valuate the in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information. The information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information submitted is to the best of my knowledge and belief directly responsible for gathering the information of persons who manage the system or those persons are gathering the property of my knowledge and belief directly responsible for gathering the information of persons who manage the system or those persons are gathering the property of my knowledge and belief directly responsible for gathering the information of persons who manage the system of persons and persons are gathering the persons are g
Signature of Principal Officer or Authorized Agent / Date
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ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY BMP Compliance Report

Facility Name: Omega Protein Address: Reedville, Va.

VPDES Permit No.: VA0003867
Report Period: From 6 25107 To 711107
Paint Area (check as appropriate)
*Comments on Noncompliance
Ted Schuttz / Regulatory Compliance Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of the evaluate the in accordance with a system designed to assure that qualified personnel properly gather and evaluate the in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted.
true, accurate and complete. Tall defined the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph for including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under the paragraph 1319.)
Signature of Principal Officer or Authorized Agent / Date
Signature of Principal Officer of Additional Signature of Principal Officer of

AME

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

TO ASSURE THAT QUALIPIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION

SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION

SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE.

I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES POR SUBMITTING PALSE INFORMATION

INCLUDING THE POSSIBILITY OF PINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 3319, [Penalties under these scattles may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY

Industrial Major

10/12/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

SIGNATURE

DAY

MO.

YEAR

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS SEFORE COMPLETING THIS FORM.

LITY 610 Menhaden Rd ATION				YEAR MO		70731	IOSHTRATION			FREQUENCY OF	SAMPLE TYPE
	1	CHANTIT	Y OR LOADING		Q	UALITY OR CON		UNITS	EX.	ANALYSIS	
RAMETER	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	01111	0	CONT	EST
	REPORTD	2.880	4.254	MGD	****	*****	****		7	CONT	EST
1 FLOW	REQRMNT	NL NL	NL	MGD	******	****	18-1	SU	0	3/0/W	GRAB
	REPORTD	*****	*****		7.6		9.0	SU	1	3D/W	GRAB
02 PH	REQRMNT	****	****		6.0	****	******		10	30/w	24 HC
*	REPORTD	259.5	599.0	MG/D	*****		****	-	1	3D/W	24HC
03 BOD5	REQRMNT		3100	KG/D	****	****	****		0	30/W	24 HC
		-	553.9	KG/D	******		******	+	1	3D/W	24HC
004 TSS	REPORTO	-	1600	KG/D	****	******	<u> </u>				V 4
	REQRMNT		*****		****	NA	NA 1200	UG/L	-	1/DAY	GRAB
005 CL2, TOTAL	REPORT	3	****		****	580	******	MG/L	0	11/w	24HC
	REQRMN	1000	*****	KG/E	*******	0.3	*****	MG/L	1	1/W	24HC
012 PHOSPHORUS, TOTAL (AS	REPORT	_	*****	KG/D	******	2.0	*******	MG/L	10	1/W	CALC
(ع		QRMNT 23	******	KG/D	D ******	14.2	*****	MG/L	1/2	. 1/W	CALC
013 NITROGEN, TOTAL (AS	REPORT		****	KG/D	****	NL			10	5 2/M	GRAI
N)	REQRMI		*****	+	*****	Kal	LQL	UG/L UG/L	14	2/M	GRAB
018 CYANIDE, TOTAL (AS	REPOR		*****	-	*****	96	110	180,=			
(CN)	REQRM	NT *******									
ADDITIONAL PERMIT REQUIREMENTS OF	COMMENTS		and the same of th	_1,			HARGE			DA	ATE
manus and the second of the se	Spin strike im terminen im a	CUMM C) TOT	AL BOD5(K.G.)	9	OPERATOR IN F	RESPONSIBLE	1 of Just	#19110	004	463 (17)	08 0
BYPASSES TOTAL OCCURRENCES			1 13/	when I	you jot	SIGNATU	REPUBLICATION	CERTIFIC			MO. DA
OVERFLOWS VONE I CERTIFY UNDER PENALTY OF LAW TI PREPARED UNDER HY DIRECTION OR SU ON THE PROPERTY OF PERSONNI	1		MARKE MERE	HED OR DE	XECUTIVE OFFIC			TELEPH	ONE		

TYPED OR PRINTED NAME

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

Omega Protein - Reedville

IAME DDRESS PO Box 175 Reedville

VA 22539

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED

TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY DATHER AND EVALUATE THE INFORMATION SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE POR GATHERING THE INFORMATION, THE INFORMATION

SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE.

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR GNOWING VIOLATIONS. SEE 1 U.S.C. £ 1001 AND 33 U.S.C. £ 1319. {Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.]

I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION

ACILITY 610 Menhaden Rd OCATION

VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
I wal aw	VEAR MO DAY

Industrial Major

10/12/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DAY

MO.

YEAR

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	 -	OUANTITY	OR LOADING		(QUALITY OR CON		UNITS	NO. EX.	OF ANALYSIS	SAMPLE TYPE
ARAMETER	F	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	-	10	13/M	24 HC
39 AMMONIA, AS N	REPORTD	****	****		***	10.1	12.5	MG/L	Ø	2/M	24HC
39 ANINONIA, 112 II	REQRMNT	****	****		****	NL	*****	MG/L	10	11/W	24/tC
68 TKN (N-KJEL)	REPORTD	110.3	****	176/D	****	14.0	*****	MG/L		1/W	24HC
	REQRMNT		****		****	*****	142.0	C	100	1/0	ITS
000 TEMPERATURE, WATER	REPORTD	****	****		*****	****	50	С		1/DAY	IS
(DEG. C)	REQRMNT	*****	***	KG/D	+++++++	00.1	*****	MG/2	Ø	1/W	24/1C
389 NITRITE+NITRATE-	REPORTO		****	KG/D	*****	NL	*****	MG/L	1	30/W	GRAB
n, total	REQRMNT	1 7 3	81.0	TIG/D	****	*****	*****	_	P	3D/W	GRAB
500 OIL & GREASE	REQRMNT		680	KG/D	*****	*****	****		0	11/M	CALC
momat (AG	REPORTE	1 1 1 1 1 1 1	2337	KG/m		******	****		14	1/M	CALC
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REQRMN		NL	KG/MO	*****	*****	****				
792 NITROGEN, TOTAL (AS	REPORTI	D *******			*****	*****	*****			1/YR	CALC
N) (CALENDAR YEAR)	REQRMN		NL 1	KG/YR	1	****	*****		Q		CALC
793 PHOSPHORUS, TOTAL (AS	REPORT		***** 43.4	16-/m	******	******	****			1/M	CALC
P) (MONTHLY LOAD)	REGRMN	11 *******	NL								
ADDITIONAL PERMIT REQUIREMENTS OF	COMMENTS					Hanouelpi E Cl	ARGE			DA	
BYPASSES TOTAL OCCURRENCES	TOTAL FLO	OW(M.G.) TOTAL	BOD5(K.G.)		11:	MARIAM T	1	19110			08 C
OVERFLOWS NONE	1 0	PHE AND ALL ATTACHME	TS WERE	WHED OR PRI	NTED NAME	SIGNATUI	RE 3	CERTIFIC		YEAR	IVIO.
I CERTIFY UNDER PENALTY OF LAN THE	PERVISION IN	ACCORDANCE WITH A SY THER AND EVALUATE TH	P. NOITAMIONNI -	, 25 0,1,3 %	FOUTIVE OFFIC	ER OR AUTHORI	ZED AGENT	TELEPH	ONE	- 0	1000

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME

SIGNATURE '

RESS PO Box 175

Reedville

Omega Protein - Readville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR

industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TION			FROM S	07 07		7 07 31			1	FREQUENCY	SAMPLE
			TY OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX.	OF	TYPE
RAMETER	_		TY OR LOADING MAXIMUM	UNITS	МИМИМ	AVERAGE	MUMIXAM	UNITS	1 .		
		AVERAGE	MAXIMOM		******	******	*******				
PHOSPHORUS, TOTAL (AS	REPORTD	****			*****	******	*****			1/YR	CALC
(CALENDAR YEAR)	REQRMNT	*****	NL	KG/YR	*****	0 00	*****	MG-/L	0	11/W	24 HC
5 ORTHOPHOSPHATE (AS P)	REPORTD	0.7	*****	KG/12		0.09	*****	MG/L	-	1/W	24HC
2 OKTROPROSPIKID (*** - *)	REQRMNT	NL	*****	KG/D	*****	NL	******	+	10	II/M	CALC
	REPORTD	*****	4348	KG/Y	******		******	-	14	1/M	CALC
5 NITROGEN, TOTAL (AS (YEAR-TO-DATE)	REQRMNT	****	ИГ	KG/YR	****	****	*******		10	1/1/1	CAL
		****	104.0	17G-/y	*****	*****			Ø	1/M	CALC
06 PHOSPHORUS, TOTAL (AS	REPORTD	****	Nr Nr	KG/YR	*****	****	****	4	+	171	Cital
(YEAR-TO-DATE)	REGRMNT	*******	ND								+
	REPORTD			-	-					*****	+
	REQRMNT				+						
	REPORTD									*****	
1	REQRMNT										_
	REPORTE		V			_				*****	
*/-	REQRMN						_				
	REPORT	_					4	-		*****	k
	REQRMN										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS	A MARKET DESCRIPTION	DAT	TE.	
BYPASSES AND OVERFLOWS OVERFLOWS AND OVERFLOWS OVERF	OPERATOR IN RESPONSIBLE CHARGE 19104463 TYPED OR PRINTED NAME SIGNATURE OPERATOR IN RESPONSIBLE CHARGE 19104463 CERTIFICATE NO.	O7 YEAR	03	08 day
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT WITH A SYSTEM DESIGNED PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM OR PREPARED UNDER MY DIRECTION OF THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	02	08	08
SUBHITTED. BASED ON HE RESPONSIBLE FOR GATHERING THE INFORMATION, THE THOUSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, SUBHITTED IS TO THE BEST OF MY INNOWLEDGE AND BELIEF TRUE, ACCURATE AND CONFLICTION SUBHITTING PALSE INFORMATION.	TYPED OR PRINTED NAME SIGNATURE	YEAR	MO.	DAY
I AN MARK THAT THAT THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING THE MAY INclude U.S.C. 4 1001 AND 1) U.S.C. 4 1019. (Panaliles under these statutes may include U.S.C. 4 1001 AND 10 St. 4 1019. (Panaliles under these and 5 years.)				

E Omega Protein - Reedville

VA 22539

RESS PO Box 175

Reedville

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR

Industrial Major

05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ITY 610 Menhaden Rd TION			FROM	0702	01 10 0	UALITY OR COM	UCENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	1	QUANTIT	Y OR LOADING			AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
RAMETER	* }	AVERAGE	MAXIMUM	UNITS	MUMINIM	*******	*****	7	Ø	CONT	Meas
-	REPORTD	0.139	0.244	MGD	****	****	****			CONT	MEAS
LIPLOW		Nr 1	NL	MGD	******	*****	8.52	130	Ø	12D/W	GRAB
	REPORTD	****	*****		7.46	****	9.0	su	1	2D/W	GRAB
2 PH 1	REQRMNT	****	****		6.0	****	******	1	10	12/M	24HC
	REPORTD	9.6	9.8	176/D		***	*****			2/M	24HC
3 BOD5	REQRMNT		840	KG/D	*******	*******	******		0	2/M	24 14
	REPORTD		14.5	17G-/D	Western	*****	*****			2/M	24HC
14 TSS	REQRMNT	_	410	KG/D	******	1386	******	N/CmL	Ø	11/W	GRAE
	REPORTE		*****			NL NL	*****	N/CML		1/W	GRAB
06 COLIFORM, FECAL	REQRMN	_	****		*****		*****	MG-/L	CF	1/W	24/1
	REPORT		******	KG/D		5 D	****	MG/L		1/W	24HC
12 PHOSPHORUS, TOTAL (AS	REQRMN	T NI.	*****	KG/D	****		*******	mall	Q	12/19	CAL
))	REPORT	102	******	176-11)	*******	38.9	******	MG/L		2/M	CALC
013 NITROGEN, TOTAL (AS	REQRMN	IT NL	****	KG/D	1 *******	19.2	121.2	MG-/L	G	D 2/M	2411
1)	REPORT		****		****	38	45	MG/L		2/M	24HC
039 AMMONIA, AS N	REGRMI		****								

ADDITIONAL PERMIT REQUIREMENTS OF COMME		1		
	OPERATOR IN RESPONSIBLE CHARGE	(Y)	OR	08
BYPASSES TOTAL TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)	SATION WELL RIVERIUM TO WALL GERTIFICATE NO.	YEAR	MO.	DAY
OVERFLOWS OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE	TYPED OR PRINTED NAME SIGNATURE TELEPHONE			(2)
PREPARED UNDER MY DIRECTION DESCRINEL PROPERLY GATHER AND EVALUATE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 1. 1511 Handau August 204-453-42.	107	08	08
SUBMITTED. BASED ON AT THE STATE OF GATHERING THE INFORMATION. THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION.	GNEWIM JEH JEH PHEREMINGER	YEAR	MO.	DAY
SUBMITTED IS TO THE BEREATE SIGNIFICANT PENALTIES FOR SUBMITTIONS VIOLATIONS, SEE IT	TYPED OR PRINTED NAME			l
I AM AWARE THAT THERE ARE SIGHTINE AND IMPRISONMENT FOR KNOWING VIOLATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT OF THE POSSIBILITY OF TH				

RESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO 07 07 01 TO 07

Industrial Major

05/24/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TION TO HELDER				0707		UALITY OR CON	CENTRATION		NO. EX.	REQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTIT	Y OR LOADING	ě		AVERAGE	MAXIMUM	UNITS	E.A.	ANALISIS	
RAMETER	F	AVERAGE	MAXIMUM	UNITS	MINIMUM	10/01	****	MG/L	0	1/W	24HC
	REPORTD	6.4	*****	MG-/D	*****	26.0	****	MG/L	70	1/W	24HC
TKN (N-KJEL)		NL NL	****	KG/D	****	ИГ			0	20/W	IIS
	//Latimire	*****	*****		****	27.1	31.2		P	2D/W	IS
TEMPERATURE, WATER	REPORTD		****		*****	NL	NL	C	1-1		GRAB
EG. C)	REQRMNT	****			*******	1331.7	****	N/CML	φ_{-}	1/W	
0 ENTEROCOCCI	REPORTD	****	*****		****	NL	*****	N/CML		1/W	GRAB
G FAIRCOSOSS	REQRMNT	****	*****		+******	*****					1
MANAY	REPORTD	*****	****		*****	****	14	TU-A		1/3M	24HC
9 TOXICITY, FINAL,	REQRMNT	****	*****		******	17 3#	*****	MG/L	Ø	1/W	2440
	REPORTD	0.4*	*****	176-10		0,2	*****	MG/L		1/W	24HC
89 NITRITE+NITRATE-		0,1	*****	KG/D	*****	NL	*****		10	12/19	G.RAC
, TOTAL	REQRMNT	1 27	107	HG/0	*******	******	*****		7	2/M	GRAB
00 OIL & GREASE	REPORTO		46	KG/D	*****	*****		+	0	11/1	CALC
	REQRMNT		4	12/10	******	****	*****		10	1/M	CALC
791 NITROGEN, TOTAL (AS	REPORT	*******	190*	KG/MO	******	*****	*****	1		11/11	1
(MONTHLY LOAD)	REQRMN'	T *******	NL	KG/ FIG	******	*****	*****			- (ven	CALC
	REPORT	D *******			*****	******	****			1/YR	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REQRMN		NL	KG/YR							

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS	1. In the second of the second	DAI	E 555 155 55 (5)
	OPERATOR IN RESPONSIBLE CHARGE	3000	08 08
TOTAL TOTAL FLOW(M.G.) TOTAL BODS(K.G.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OL.	0
BYPASSES OCCURRENCES OCCURRENCES	TYTHAM LUNGSEN PHONOMINATED CERTIFICATE NO.	YEAR	MO. DAY
OVERFLOWS OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE	TYPED OR PRINTED NAME SIGNATURE TELEPHONE		
PREPAREO UNDER MY DIRECTION DERSONNEL PROPERLY GATHER AND EVALUATE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	07	08 08
SUBMITTED, BASED ON MI INCOMPLETE. FOR GATHERING THE INFORMATION, AND COMPLETE.	Carlana wall Jell Villant Marie	YEAR	MO. DAY
SUBMITTED IS TO THE SECOND PERSON PENSITED FOR SUBMITTED VIOLATIONS. SEE 18	TYPED OR PRINTED NAME		
SUBMITTED IS TO THE BEST OF MERCANT PENALTIES FOR SUBMITTING FALSE IS I AN AMARE THAT THERE ARE SIGNIFICANT PENALTIES FOR KNONING VIOLATIONS. SEE IS INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNONING VIOLATIONS. SEE IS INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNONING VIOLATIONS. SEE IS INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT OF BETWEEN 6 MONTHS and S years.		1	
U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these graduate may U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these graduate may u.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these graduate may u.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these graduate may u.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these graduate may u.S.C. & 1319. (Penalties under the u.S.C. & 1319. (Penalties u			

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 0731 TO 02

Omega Protein - Reedville

DRESS PO Box 175 Reedville

ΜE

VA 22539

fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

VA 23060 Glen Allen

05/24/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road

Industrial Major

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LITY 610 Menhaden Rd ATION			FROM	0707		20731 QUALITY OR COM	ICENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
* * * * * * * * * * * * * * * * * * * *	ī	OUANTIT	Y OR LOADING			AVERAGE	MUMIXAM	UNITS	T EX.	ANALISIS	!
ARAMETER	1		MAXIMUM	UNITS	МИМИМ		****		10	11/M	CALC
ARAMETER		AVERAGE		1KG/Ma	******	****			17	1/M	CALC
3. PHOSPHORUS, TOTAL (AS	REPORTD	****	37.4	KG/MO	****	*****	****		1	-	
(MONTHLY LOAD)	REQRMNT	****	NL	1 KG/No	******	******	*****		_	- /am	CALC
	REPORTD	11166			****	****	****		4-	1/YR	
94 PHOSPHORUS, TOTAL (AS	REQRMNT		NL	KG/YR		14.9*	******	MG-/2	Ø	1/W	24HC
) (CALENDAR YEAR)		11/*	******	15-10	******		*****	MG/L	1	1/W	24HC
95 ORTHOPHOSPHATE (AS P)	REPORTD		****	KG/D	****	NL	******		10	11/11	CALC
	REQRMNT	NL		TKG/Y	*****	****				F 1/M	CALC
805 NITROGEN, TOTAL (AS	REPORTE	******	557.6	KG/YR	*****	****	*****	-	10	7 1	CALC
N) (YEAR-TO-DATE)	REQRMN	T *******	NL	+	*******	******	******		14	1/M	CALC
· ·			102.4	15G-/1	*******	*****	*****			1714	_
806 PHOSPHORUS, TOTAL (AS			NL	KG/YR							
P) (YEAR-TO-DATE)	REGRMN					_	-			*****	*
	REPORT		-				+				
	REQRM	NT	_							*****	*
	REPOR	TD		_				+			
	REQRM	NT			-					****	**
	REPOR	TD									
	REQRM							2500			
The state of the s	1									D	ATE
ADDITIONAL PERMIT REQUIREMENTS O	JIV. 33.7300				OPERATOR IN	RESPONSIBLE C	HARGE		2 . (1)	13 DM	1080
	TOTAL F	LOW(M.G.) TO	AL BODS(K.G.)	- i	1 // "	11 . 1	Junilli Set	19110	0044	6010	MO. DA
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Gr Le 1 /1 / 1 2	V 7000	MENT AND ALL ATTACH	THE MERC		LIVER TO ALABA	SIGNATO	TED ACENT	TELEP	HONE		
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SUBMITTED. BASES DIRECTLY RESPONSE	THE FOR GATHE	RELIEF TRUE, ACCUR	ATE AND COMPLETE.	MOHOM	GUN JA W	SIGNAT	URE			}	
				TYPED OR I	RINTED NAME						!!
I MANARE THAT THERE ARE SIGN: INCLUDING THE POSSIBILITY OF P. U.S.C. & 1001 AND 13 U.S.C. & Fines up to \$10,000 and/or max	INE AND IMPAL 1319. (Penalt	ies under these stat	onths and 5 years.)							715-201	
U.S.C. & 1001 AND 11 0.5.C.	Imum imprison	ment of Decated	number of the second								

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Omega Protein - Reedville

VA 22539

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Panaltibs under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 PERMIT NUMBER

003 DISCHARGE NUMBER

MONITORING PERIOD YEAR | MO | DAY Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS

			THOM:	07 07	01 TO 0	UALITY OR COM	CENTRATION		NO. EX.	OF ANALYSIS	SAMPLE TYPE
	1	QUANTITY	OR LOADING	10,070	MINIMUM	AVERAGE	MAXIMUM	UNITS			<u> </u>
RAMETER		AVERAGE	MUMIXAM	UNITS	*******	P******	Leg		100	1	
The state of the s	REPORTD					*****	. ()			CONT	EST
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	REPORTD	*****	****		-sc	****	9.0	su	_	2/M	GRAB
2 PH	REQRMNT	***	***		6.0	*******	******	+	_		
	REPORTD		T		*****		*****	-		2/M	24HC
3 BOD5		4300	7700	KG/D	*****	*****	******	-			i
	REQRMNT	4300	(10)		*******	*****		-		2/M	24HC
4 TSS	REPORTD		280	KG/D	*****	*******	*****			12/84	
	REQRMNT	110	*****	1-	i		*****		_		GRAB
07 DO	REPORTD	****			NL	NL	*****	MG/L		1/DAY	GRAD
,, 50	REQRMNT	*******	*******		*****		*****				
PARTIE MOMEL (AS	REPORTE		******		*****	2.0	******	MG/L		1/W	24HC
12 PHOSPHORUS, TOTAL (AS	REQRMN	3.0	*****	KG/D	******	-	*******				
	REPORTI		******			NL	******	MG/L		1/W	CALC
013 NITROGEN, TOTAL (AS	REQRMN		******	KG/D	****	1					
V)			*****		******		45	MG/L		2/M	24HC
039 AMMONIA, AS N	REPORT	1.1.1.1.1.1	*****		******	37			-		
-0.44 - 0.00 - 0.4 - 0.5 - 0.5	REQRMN					201 00000					
ADDITIONAL PERMIT REQUIREMENTS OF	COMMENIS	the state of the s	- Mary and the same of the sam		riger of the section of the section	-analicini E C	HARGE			DA	
		TOTAL	BOD5(K.G.)	ţ	OPERATOR IN RI	LSPUNSIBLE OF		-10110	0446	63 107	08 0
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OVERFLOWS VONC	AT THIS DOCUM	ENT AND ALL ATTACHME	VTS WERE	VDED OR PRI	NTED NAME			TELEP	HONE		
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CATION 610 Menhaden Rd

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VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 PERMIT NUMBER

DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 0707 01 TO FROM

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

SAMPLE

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FREQUENCY

				0	LIALITY OR COL	CENTRATION		NO.	OF	TYPE
1	QUANTIT	Y OR LOADING				MAXIMUM	UNITS	EX.	ANALYSIS	
Ì	AVERAGE	MUMIXAM	UNITS		1 AVELUAL	****				
REPORTD		*****				++++++	MG/L		1/W	24HC
REQRMNT	NL	*****	KG/D		NL .		1			
REPORTD	****	*****			1 0	V	c		1/DAY	IS
REQRMNT	****	*****			A CO	******	+			
REPORTD		******	14		- V	*****	MG/L		1/W	24HC
		*******	KG/D	A 1	NL	-				
		******				NL	UG/L		1/M	GRAB
	- X	()	1		200	******	+			
				1		****			2/M	GRAB
BEORMN	T 430	780	KG/D			******				
				1		****	_		1/M	CALC
		NL	KG/MO		The second	*****				
						*****			1/YR	CALC
-2		NL	KG/YR		******	*****		1		
						****			1/M	CALC
		NL	KG/MO	*****						
										TE
				OPERATOR IN R	ESPONSIBLE C	HARGE				
TOTAL FL	OW(M.G.) TOT	AL BOD5(K.G.)	, /	OPERATORIAL TOTAL	11 1	Juda VIII	19110	044	163 01	03 C
1	1	0	mhamL	sjell-1811 .	SIGNATU	RE RE	CERTIFIC	CATENO	YEAR	MO. D
T THIS DOCUM	ACCORDANCE WITH A	SYSTEM DESIGNED T	YPED OR PR	INTED NAME			TELEPH	HONE		7-30
PROPERLY OF	ATNER AND EVALUATE	P PHE SYSTEM OR P	RINCIPAL EX	ECUTIVE OFFICE	ER OR AUTHOR	1 20 4	- DAU.	4.5.3	4211007	08 0
FOR GATHER	ING THE INFORMATION	TO AND COMPLETE	mham I	will Tett		7041	07	100	YEAR	MO.
WLEDGE AND	BELIEF TRUE, ACCURA	TUROPHATION 17/	WHILITINE	INTED NAME	SIGNATU	RÉ			1	1
AND IMPRISO	NMENT FOR KNOWING	ren may include	AAFD OK LE				1		1	
9. (Penaltie	ent of between 5 mor	chs and 5 years.)				STATE OF THE STATE		mr.		
	REPORTD REQRMNT REPORTD REQRMNT REPORTD REQRMNT REPORTE REQRMN REPORT REPORT REQRMN REPORT REQRMN REPORT REQRMN REPORT REQRMN REPORT REPORT REQRMN REPORT REQRMN REPORT REQRMN REPORT RE	AVERAGE REPORTD REQRMNT NL REPORTD ******** REPORTD ******** REPORTD ******** REPORTD ******** REPORTD ******** REPORTD ******* REPORTD ******* REPORTD ******* TOTAL FLOW(M.G.) TOT. TOTAL FLOW(M.G.) TOT. THE PERSON OR PERSONS WHO HANAY FOR GATHERING THE INFORMATION FOR INFORMATION	REPORTD REQRMNT NL REPORTD REQRMNT ******* REPORTD REQRMNT NL REPORTD REQRMNT NL REPORTD REQRMNT ******* REPORTD REQRMNT ******* REPORTD REQRMNT ******* REPORTD REQRMNT ****** REPORTD AVERAGE MAXIMUM UNITS REPORTD REQRMNT NL REPORTD REQRMNT ******** REPORTD REQRMNT NL REPORTD REQRMNT ******* REPORTD REQRMNT ****** REPORTD REQRMNT ***** REPORTD REQRMNT ****** REPORTD REQRMNT ***** REPORTD REQRMNT ****** REPORTD REQRMNT ***** REPORTD REQRMNT **** REPORTD REQRMNT **** REPORTD REQRMNT **** REPORTD R	AVERAGE MAXIMUM UNITS MINIMUM REPORTD REQRMNT NL REPORTD REPORTD REQRMNT NL REPORTD REPORTD REPORTD REPORTD REQRMNT NL REPORTD REPOR	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE REPORTD REGRMNT NL REPORTD REQRMNT NL REPORTD REQRMNT NL REPORTD REQRMNT 430 REPORTD REQRMNT 430 REPORTD REQRMNT NL REPORTD R	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE REPORTD REGRMNT NL REPORTD REQRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT A30 REPORTD REGRMNT A30 REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT NL REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD REGRMNT REPORTD	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS REPORTO REGRMNT NL REPORTO RECRMNT N	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS REPORTO REGRANT NL REPORTO REGRANT N	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS REPORTD REQRANT NL REPORTD REQRANT NL REPORTD RECORMIT NL RECORMIT NL REPORTD RECORMIT NL RECORM	

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Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

VA0003867 PERMIT NUMBER

003 DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY DAY MO YEAR TO 07 Oi

Industrial Major

10/19/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			FROM	0207	The second second	7 07 37 QUALITY OR COL	VCENTRATION		NO.	FREQUENCY	SAMPLE TYPE
		QUA	NTITY OR LOADING		/		MAXIMUM	UNITS	EX.	ANALYSIS	
RAMETER	t	AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	******		1		
	REPORTD	*****			*****		V + aV		-	1/YR	CALC
4 PHOSPHORUS, TOTAL (AS		*****	NL	KG/YR	****	****	7.9.9			1, 1, 1, 1	
(CALENDAR YEAR)	REGRMNT	******	******		****		14				
5 ORTHOPHOSPHATE (AS P)	REPORTD		******		****	NL \	*****	MG/L		1/W	24HC
3 Okthornos	REQRMNT	NL	****	KG/D	V * * * * * * * * * * * * * * * * * * *	*******					
05 NITROGEN, TOTAL (AS	REPORTD	****		/	1	*********				1/M	CALC
(YEAR-TO-DATE)	REQRMNT			KG/YR	*******	1	*******				
06 PHOSPHORUS, TOTAL (AS	REPORTO	******		11-/	*1****	******	******			1/M	CALC
(YEAR-TO-DATE)	REQRMNT	******	NL	∦G/YR	1						
	REPORT		10		1					*****	+-
	REQRMN										
	REPORT	D	V			_				*****	
	REQRMN	T V									
	REPORT	- G			-					*****	+
	REQRMI	TI								****	+
	REPORT	rD			-				_	*****	
	REQRM	NT									

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS	The second secon	DAT	rE
BYPASSES AND OCCURRENCES TOTAL TOTAL FLOW(M.G.) TOTAL BODS(K.G.) I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON WHO MANAGE THE SYSTEM OR SUBHITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON WHO PERSON OR PER	TYPED OR PRINTED NAME SIGNATURE	YEAR	08 08 MO. DAY

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Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 070701 TO 07 07 31 Industrial Major

10/19/2005

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			FROM	07/07		70731			luo l	FREQUENCY	SAMPLE
		OLIANTE	TY OR LOADING		(QUALITY OR CON	CENTRATION		NO. EX.	OF ANALYSIS	TYPE
RAMETER	-	AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	UNITS	<u> </u>		l
				10100	*****	*****	*****		0	CONT	EST
1 FLOW	REPORTD	2.852	4.212	MGD	******	*****	*******			CONT	EST
	REGRMNT	NL.	NL	MG",		******	8.11	50	0	50/W	GRAG
)2 PH	REPORTD	****	*******		7.72	******	9.0	su	1	5D/W	GRAB
J2 111	REQAMNT	******	*******		6.0			 	10	1/14	2411
41.0.011	REPORTD	*****	*******		*******	30.0	30.0	UG-/L	140	1/M	24HC
19 COPPER, TOTAL (AS CU)	REQRMNT	****	*****		*****	NL	NL	UG/L	1/2	7	+
	-	*****	*******		******	133,3	39.4	1	Ø	1/0	IIS
80 TEMPERATURE, WATER	REPORTD		*******	_	*****	NL	45	C	ļ.,	1/DAY	IS
DEG. C)	REQRMNT	****	*****		******	KQL	ZQL	UG-/L	9	1/M	2417
LB6 SILVER, TOTAL	REPORTD	****			******	NL	NL	UG/L		1/M	24HC
RECOVERABLE	REQRMNT	******	*****		*****	65.0	65.0	UG/L	0	1/M	GRA
TAGOVIED /IC	REPORTD	******	*****				NL NL	UG/L		1/M	GRAB
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REGRMNT	*****	******		*****	NL	IND	+	_		
	REPORTD			·			_		-	****	
	REORMNT							1	+		
	REPORTE	-					+			*****	ĸ
	REQRMN										

ADDITIONAL PERMIT REQUIREMENTS OF COMMENTS	TO MADOL	DAT	E	1
	OPERATOR IN RESPONSIBLE CHARGE STEWART HELL SETT FINANCIAL STEEL	O7 YEAR	08 03 MO. DAY	7
PREPARED UNDER MY DIRECTION OF STATEMENT OF THE PRESONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION TO ASSURE THAT QUALIFIED PERSONNEL PROPERSON OR PERSONS WHO MANAGE THE SYSTEM OR SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMATION THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMAT	TYPED OR PRINTED NAME SIGNATURE	O7 YEAR	MO. DAY	7

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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0003B67 996

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

Industrial Major

11/16/2005

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Reedville TY 610 Menhaden Rd			-	YEAR MO	DAY YE	AR MO DAY 7 07 31		NOTE: R	EFORE CO	MPLETING THIS FO	RM.
MON 610 Mennaden Ka				07 07	101100	70731	NCENTRATION		NO.	OF ANALYSIS	SAMPLE TYPE
	1	QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS] EA.	ANALISIO	
RAMETER	t	AVERAGE	MAXIMUM	UNITS	MINIMUM	****	*****		Ø	11/M	CALC
	REPORTD	****	2528*	KG-/MO		****	******			1/M	CALC
NITROGEN, TOTAL (AS (MONTHLY LOAD)	REQRMNT	***	NL	KG/MO	****	*****	*****	Ť2			
	REPORTD				****	****	****			1/YR	CALC
NITROGEN, TOTAL (AS		****	NL	KG/YR	******	****	****		10	11/M	CALC
(CALENDAR YEAR)	REQRMNT	11111	80.9	KG/Ma	*******		****		1	1/M	CALC
3 PHOSPHORUS, TOTAL (AS	REPORTD		NL NL	KG/MO	****	*****	*****	1	_		
(MONTHLY LOAD)	REQRMNT			i	******	******		-	+	1/YR	CALC
94 PHOSPHORUS, TOTAL (AS	REPORTD			KG/YR	*****	***	*****	1	10	TIM	CALC
(CALENDAR YEAR)	REQRMNT		NL COCA	Tra/y	*******	****	****	-		1/M	CALC
05 NITROGEN, TOTAL (AS	REPORTE		4907*	KG/YR	******	*****	****	-	-	1 1/1	CALC
(YEAR-TO-DATE)	REQRMN		NL	1	/ ******	*****			- 0	1/M	CALC
	REPORT	D *******	206.4	((G/YR	*******	*****	****			1/1	
306 PHOSPHORUS, TOTAL (AS P) (YEAR-TO-DATE)	REGRMN	T *******	ИГ	RG/1R	_					****	*
	REPORT	_				_				*****	-
	REQRMI										
	REPOR									****	*
	REQRMI	_									
*										D	ATE
ADDITIONAL PERMIT REQUIREMENTS C	OK COMMERTE				ODERATOR IN	RESPONSIBLE	CHARGE			152 257	100
TOTAL	TOTAL F	LOW(M.G.) TO	OTAL BODS(K.G.)	. /	OFERATOR.	+ 11.1.	Jugo Vet	19110	044	65 11	MO.
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OVERFLOWS //ONE	THAT THIS DOCU	MENT AND ALL ATTAI	CHMENTS WERE	TYPED OR P	RINTED NAME			TELEP			- C 27 T
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TO REGULE THAT COLLEGE	BODSON	Diff helyaous	PURCEMENTION	- 1	Livill Vitt	Michigan	SUMEN JOY	1001		YEAR	MO.
MINER PERSONA DIRECT	THE PROPERTY AND	REPIET	- VURABULTION. 1	mincem.	PRINTED NAME	SIGNAT	TURE /			¥	
T AM AHARE THAT THERE ARE SIGNI	PICANT PENALT	DUMENT FOR KNOWING	VIOLATIONS. SEE TW	TYPED OR I	PRINTED IAMI					1	
I AM AMARE THAT THERE ARE SIGNI INCLUDING THE POSSIBILITY OF P. U.S.C. & 1001 AND 13 U.S.C. &	INE AND PERALTI	es under these st	ECUTED MAY AND THE PROPERTY.			At the					

OMEG PROTI	A +			DMR	REPO	RTING			
PROTI	EIIV			Co	ckrell C	Creek			
	LE VA								
REEDVII	LE, VA					-			
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)			
001	4-Jul-07	10:05	27.0	8.22	0.41	12.0			
002		9:55	25.2	8.32	0.34	11.9			
995	4-Jul-07 4-Jul-07	10:10	26.2	8.14	0.907	11.9			
	1 001 01		 						
			-						
	-								

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

te	Time of Sample	ROL) [0O	AMM (mg/L)	Ten C	np p	H SU	Salinity ppt		ne of mple	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Ter	mp T	pH (SU)	Salinity ppt
		T	1	9,1/	(_					-	-+		
1	-	+	-	-											_	-		
2		-		-		+	_			1					_			
3		4-	_	-		-				1								
4			-			-	+			+								
5	5					-			-	+								
(6					-			-	╁	_	-		A.				
	7					_				+		-						
	8					_				+		-	+	+	1			
	9						_			-			-		+			
	10									-			4		+			
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	11		1	P.						_			-		+		-	
	12														+			
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	18					+				+								
	19					-+		-		一		_						
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		205	2.6	7.	87 0.	159	27.1	8.	35 1	3.4	124	0 2		0.2	19	26.9	+ °	-
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	28			+	-												-	
	29				-	-		+									-	
	30			-			-	+										

Name of Vessel John S. Dempster

Name of Sampler ____Andy Hall___

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Time Sam	nla	BOD (mg/l.)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Sali Pl	nity pt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
		(mg/L)	(iiigis)	, , ,									-		
1	-														
2	-														
3	-					1									
4						1									
5	-									32.				-	-
6					1									-	
7		-	-	-	-	1									-
8	-,	-	+		-	1							-		
9			1-	-	+	1									<u> </u>
10		-		-	1										-
11	_	-	-	+		_									-
12		-	-	+-											
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16		1			+	-	-								
17	- 12-				+-		-							1	
18					10	-									
19		-			-	-	-		1						
20_	_					+	-		1-						
21_		-			-	+	-		+				i b		
22			_ -		\dashv		-		+						
23				+		+			+						
24			_			-	-	40.4	1255	5 2.4	7.83	2 <.1	0 27	8.3	5
25	1215	5 2.	2 7.	85 0,1	79 2	7.2	8.34	13.4	1230	,					
26		_		\dashv		-	-		+						
27		_			-1-		-	_						7	
28					_	-			+	_					
29				_		_			-	_					
30						_						v -			

Name of Vessel Smith Island

Name of Sampler ____Andy Hall___

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY BMP Compliance Report

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>712307</u> To <u>7127</u> 07
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
TED SCHULT2 / REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system devaluate the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of those persons directly responsible for gathering the information, the information submitted is to the best of the best of the person

ATTACHMENT C . DEPARTMENT OF ENVIRONMENTAL QUALITY BMP Compliance Report

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY BMP Compliance Report

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 219107 To 211307
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
TED SCHULTZ REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons who manage the system evaluate in the submitted is to the best or those persons who manage the system evaluate information, the information submitted is to the best or those persons who manage the system evaluate in the submitted is to the best or those persons who manage the system evaluate information, the information submitted is to the best or the person or persons who manage the system evaluate in the submitted is to the best or the person or persons who manage the system evaluate information in the submitted is to the best or the person or persons who manage the system evaluate information in the system evaluate information in the submitted is to the best or the person or persons who manage the system evaluate information in the submitted is to the best or the system evaluate information in the
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ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY BMP Compliance Report

Fa	acility Name: Omega Protein ddress: Reedville, VA.
V P	PDES Permit No.: VA0003867 Report Period: From <u>212107</u> to <u>7181</u> 07
	Paint Area (check as appropriate)
*	
2	
	*Comments on Noncompliance
	TED SCHULTZ / REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years): Signature of Principal Officer or Authorized Agent / Date

JAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY 07 0801 TO 07 0831 Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd CATION			EDO!	YEAR MO	MONITORING F	AR MO DAY	NOTE: READ PERMIT AND GENERAL INSTRUCT BEFORE COMPLETING THIS FORM.				
		OUANTI	FROM TY OR LOADING			QUALITY OR CON			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER			MAXIMUM	UNITS	МІМІМИМ	AVERAGE	MAXIMUM	UNITS	LA.	ANALYSIS	
		AVERAGE			****	*****	*****		Ø	CONT	EST
001 FLOW	REPORTD	3.191	4.254	MG-D			****		12	CONT	EST
	REQRMNT	NL	NL	MGD	****	****		<u> </u>	1 ex		1.2
02 PH	REPORTD	*****	******		7.5	*****	8,3	SU	Ø	30/W	G-rais
002 PH		****	******		6.0	******	9.0	SU .		3D/W	GRAB
	REQRMNT		1071 4	K1/0	*****	******	******		0	30/W	24119
003 BOD5	REPORTD	151.8	372.4	16-10	******	******	******		-/-	3D/W	24HC
	REQRMNT	1700	3100	KG/D		****	*******	 	10	3D/W	24140
004 TSS	REPORTD	303.0	555.5	KG-10	******	******		_	180		24HC
	REQRMNT		1600	KG/D	*****	*****	******	ļ	-	3D/W	1 2460
			******	1	*****	NA	NA			1	
005 CL2, TOTAL	REPORTD		******	-	*****	580	1200	UG/L		1/DAY	GRAB
	REQRMNT	*******		1 /	*****	0.25	******	MG-/L	10	1/1/	24/10
012 PHOSPHORUS, TOTAL (AS	REPORTD	1.20	*****	KG/D			******	MG/L	10	1/W	24HC
012 PHOSPHORUS, TOTAL (AS P)	REQRMNT	23	*****	KG/D	******	2.0			do		+
	REPORTD	******	******		*****	12 QL	1 <ql< td=""><td>UG-/L</td><td>Ø</td><td>2/M</td><td>GRAI</td></ql<>	UG-/L	Ø	2/M	GRAI
018 CYANIDE, TOTAL (AS			*****		*****	96	110	UG/L		2/M	GRAB
CN)	REQRMNT		1	+	******	8.35	8.51	MG-/L	10	2/M	24/1
039 AMMONIA, AS N	REPORTO	*******	*****		******	NL NL	NT	MG/L	-	2/M	24HC
V	REQRMNT	*******	*****		*****	IAT	1				

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) TOTAL BYPASSES Oi 911004463 **OCCURRENCES** AND **OVERFLOWS** NONE DAY MO. CERTIFICATE NO. YEAR SIGNATURÉ I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 1804-453-4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION SCANCE DAY YEAR MO. SIGNATURE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME U.S.C. & 1001 AND 31 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

AME

ODRESS PO Box 175

Reedville

OCATION 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 001

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		QUANTITY OR LOADING				QUALITY OR CO	NCENTRATION		NO.	OF OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
ASA TEMPERATURE WATER	REPORTD	****	******		*****	******	44.4	0	Ø	1/DAY	IS
(DEG. C)	REQRMNT	******	****		*****	*****	50	С	Ι΄,	1/DAY	IS
500 OIL & GREASE	REPORTD	60.2	80.5	KG/0	******	*****	******		Ø	30/W	GRAB
.00	REQRMNT	370	680	KG/D	******	*****	*****			3D/W	GRAB
	REPORTD								1		
	REQRMNT									*****	
	REPORTD								-		
	REQRMNT							-	-	*****	┼
	REPORTD							1	-		-
	REQRMNT						<u> </u>	1	-	*****	
	REPORTD								-	****	
	REQRMNT						<u> </u>		-	******	-
	REPORTD								-	*****	-
	REQRMNT				ļ				+-	X X X X X X X	1
	REPORTD								-	*****	1
W.	REQRMNT					1	1			# * * * * * *	1

BYPASSES	TOTAL	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN I	OPERATOR IN RESPONSIBLE CHARGE						
AND OVERFLOWS	OCCURRENCES VON P	(X)	6	Graham Lucii Jett	Draham Luce Oct	1911004463	07	09	C7		
I CERTIFY UNDER	DENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY		
TO ASSURE THAT	QUALIFIED PERSONNEL	PROPERLY GATHER AND EVA HE PERSON OR PERSONS WI	HO MANAGE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE					
		SAN CAMUSTING THE INFO	RMATION, THE INCOMPERATOR		Traham Liell Out	804-453-4211	C7	09	07		
U C C . C 3003 N	ND 33 II S C. & 1319.	(Penalties under thes	e statutes may include		SIGNATURE		YEAR	MO.	DAY		
fines up to \$10	,000 and/or maximum	imprisonment of betwee	n 6 months and 5 years.)								

DDRESS PO Box 175

Reedville

ACILITY 610 Menhaden Rd

IAME

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 002

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office. 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

oo, more			FROM	02 08	701 70 0	70831		NOTE: N	FORE CO	MPLETING THIS F	DRM.
PARAMETER		QUANTIT	Y OR LOADING	QUALITY OR CO			NCENTRATION		NO. EX.	FREQUENCY OF	SAMPLE TYPE
LANAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	MINIMUM AVERAGE		MAXIMUM UNITS		ANALYSIS	
001 FLOW	REPORTD	0.158	0,301	MGD	*******	*****	******		Ø	CONT	Meas
	REQRMNT		NL	MGD	******	******	****			CONT	MEAS
002 PH	REPORTD	*****	*****		7.5	****	8.5	SU	Ø	20/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2D/W	GRAB
003 BOD5	REPORTD	23.6	35.6	176/D	*****	*******	******		0	2/19	24HC
	REQRMNT	470	840	KG/D	******	******	*****			2/M	24HC
004 TSS	REPORTD	42.3	51.7	MG-/D	*****	*****	******		Ø	2/19	24HC
-	REQRMNT	160	410	KG/D	******	******	*****		<u></u>	2/M	24HC
006 COLIFORM, FECAL	REPORTD	******	*****		*****	1426	*****	N/cml	Ø	1/W	GRAB
	REQRMNT	*****	*******		******	NL	******	N/CML		1/W	GRAB
012 PHOSPHORUS, TOTAL (AS	REPORTD	2.2	*****	KGID	*****	5.0	******	MG/L	Ø	1/W	24 HC
P)	REQRMNT	NL	******	KG/D	******	NL	******	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	****	******		*****	7.4	8.4	MG/L	0	2/M	24HC
	REQRMNT	*****	*****		******	38	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER	REPORTD	*****	******		*****	22.7	31-4	°C	Ø	20/W	IS
(DEG. C)	REQRMNT	******	*****		******	NL	NL	С		2D/W	IS

BYPASSES	TOTAL	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN F	OPERATOR IN RESPONSIBLE CHARGE						
AND OVERFLOWS	NONE	Ø.	Ø	Grecham Lyell Jett	Macham Leell Jot	1911004463	07	09	07		
PREPARED UNDER 1	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE WITH A SYSTEM DESIGNED	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	мо.	DAY		
TO ASSURE THAT	QUALIFIED PERSONNEL!	PROPERLY GATHER AND EVA HE PERSON OR PERSONS W	ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE					
			RMATION, THE INFORMATION ACCURATE AND COMPLETE.		Frehem Levell Jot	804-453-4211	07	09	07		
INCLUDING THE P	OSSIBILITY OF PINE A ND 33 U.S.C. & 1319.	ND IMPRISONMENT FOR KN (Penalties under thes	TTING FALSE INFORMATION. OWING VIOLATIONS. SEE 18 e statutes may include n 6 months and 5 years.)	TYPED OR PRINTED NAME	SIGNATURÉ		YEAR	MO.	DAY		
					L	A CONTRACTOR OF THE PARTY OF TH					

'ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

IAME

DDRESS PO Box 175

Reedville

OCATION 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

YEAR MO DAY

VA0003867 002
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			FROM	07 0	POI TO C	70831]	NOTE: K	EFORE CO	OMPLETING THIS F	ORM.
PARAMETER		QUANTITY OR LOADING			1	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
140 ENTEROCOCCI	REPORTD	******	******		******	1487	******	N/CML	Ø	1/W	GRAB
	REQRMNT	*****	*****		******	NL	******	N/CML		1/W	GRAB
379 TOXICITY, FINAL,	REPORTD	*****	*****		******	******	<1.0	TU-A	0	1/3M	24HC
	REQRMNT	*****	*****		*****	*****	14	TU-A		1/3M	24HC
500 OIL & GREASE	REPORTD	2.0	2.3	KG-10	*****	*****	******		Ø	2/M	GRAB
	REQRMNT	25	46	KG/D	*****	****	*****			2/M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									******	
	REPORTD										
	REQRMNT		7							*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

YEAR

MO

DAY

BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN I	RESPONSIBLE CHARGE		DAI		
OVERFLOWS	None	Ø	Ø	Graham Light Jett	1 reham Lyell let	1911004463	07	09	7
PREPARED UNDER N	Y DIRECTION OR SUPE		MITH A SYSTEM DESIGNED	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
SUBMITTED, BASED	ON MY INQUIRY OF TH	HE PERSON OR PERSONS W	ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE		2	
THOSE PERSONS DI	RECTLY RESPONSIBLE I	FOR GATHERING THE INFO LEDGE AND BELIEF TRUE, DT DENALTIES FOR SUBMI	RMATION, THE INFORMATION ACCURATE AND COMPLETE., TTING PALSE INFORMATION	3rcham Lyon Jett	Maham Luce Oct	804-453-4211	07	09	07
J.S.C. & 1001 A	ND 33 U.S.C. & 1319.	(Penalties under thes	OWING VIOLATIONS. SEE 18 e statutes may include n 6 months and 5 years.)	TIPED ON THINKIES HAME	SIGNATURÉ		YEAR	MO.	DAY
					<u> </u>	l		1	h

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

JAME

ADDRESS PO Box 175

Reedville

OCATION 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 003

 PERMIT NUMBER
 DISCHARGE NUMBER

 MÓNITORING PERIOD

 YEAR
 MO
 DAY

 Q7
 Q8
 Q1

 TO
 Q7
 Q8

 3
 TO
 Q7

 Q8
 Q1

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		QUANTIT	Y OR LOADING		101 100	QUALITY OR CO			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS	LX.	ANALYSIS	
001 FLOW	REPORTD				******	*****	* * * * * * * * * * * * * * * * * * * *				
	REQRMNT	NL	NL	MGD	******	***(*)***	A******			CONT	EST
002 PH	REPORTD	******	*****			V*********					
	REQRMNT	******	*****		6.00	****	9.0	SU		2/M	GRAB
003 BOD5	REPORTD		A.	11	1	*****	*****				
003 5025	REQRMNT	4300	7700	KG/D	1 ********	*****	******			2/M	24HC
004 TSS	REPORTD	1		11	****	*****	*****				
004 135	REQRMNT	110	200	KG/D	******	*****	******			2/M	24HC
007 DO	REPORTD	******	****				******)	
	REQRMNT	*****	*******	1	NL	NL	******	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS	REPORTD		*******		******		******				
P)	REQRMNT	3.0	***	KG/D	******	2.0	*****	MG/L		1/W	24HC
039 AMMONIA, AS N	REPORTD	*******	******		******						
	REQRMNT	******	******		******	37	45	MG/L		2/M	24HC
080 TEMPERATURE, WATER	REPORTD	******	******		******						
(DEG. C)	REQRMNT	****	******		*****	NL	NL	С		1/DAY	IS

OVERFLOWS NONE & GODGE GOOD GOOD GOOD TO THE HARAGE LEVEL OUT 1911004463 67 09 0	BYPASSES	TOTAL	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN	RESPONSIBLE CHARGE	.X	DAT	ΓE	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME TYPED OR PRINTED NAME SIGNATURE CERTIFICATE NO. YEAR MO. DA' TYPED OR PRINTED NAME	AND	A 2	d		Gorham Lusid Jott	Hasham Level Oct	1911004463	07	09	07
TO ASSURE THAT CHALLETED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	DABDYGED IMDES	PENALTY OF LAW THAT	RVISION IN ACCORDANCE	WITH A SYSTEM DESIGNED		1 3		YEAR	MO.	DAY
SUBMITTED. HASED ON MI INQUINI OF THE ISLAND THE	TO ASSURE THAT	QUALIFIED PERSONNEL	PROPERLY GATHER AND EV 4E PERSON OR PERSONS W	HO MANAGE THE SYSTEM OR						
SUBMITTED. SERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION OF COMPLETE. SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. THE INFORMATION OF PRINTED NAME I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATIONS. SEE 18 TYPED OR PRINTED NAME SIGNATURE YEAR MO. DA			TOR CATHERING THE INFO	RMATION. THE AMPUNCULATION	Son han Lived Jett	Draham Livell Jett	804-453-4211	07	09	07
I AM AWARE THAT THERE ARE SIGNIFICANT PENALITIES FOR SUBMITTING FALSE INFORMATION. YEAR MO. DA INCLUDING THE POSSIBILITY OF FIRM AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalities under these statutes may include Lines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	INCLUDING THE P	ND 22 II S C & 1319.	(Penalties under thes	e statutes may include	TYPED OR PRINTED NAME			YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

610 Menhaden Rd

NAME

FACILITY

LOCATION

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD DAY YEAR MO DAY YEAR MO 00 01 TO FROM

Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
THE TEN		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	ITPE
442 COPPER, DISSOLVED	REPORTD	******	*****		******	100					
(UG/L AS CU)	REQRMNT	*****	*****		(******** (NE	NL	UG/L		1/M	GRAB
500 OIL & GREASE	REPORTD				**************************************	****	******				
	REQRMNT	430	780	KG/D_	¥******	******	*******			2/M	GRAB
	REPORTD			5							
	REQRMNT		11 11							*****	
	REPORTO										
	REGRAINT		1							*****	
	REPORTO										
	REDRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

TOTAL FLOW(M.G.)

TOTAL

OCCURRENCES

BYPASSES

AND

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include lines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TOTAL BOD5(K.G.)

DATE OPERATOR IN RESPONSIBLE CHARGE 07 1911004463 YEAR DAY TYPED OR PRINTED NAME CERTIFICATE NO. MO. SIGNATURE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 0 804-453-4211 DAY TYPED OR PRINTED NAME SIGNATURE! YEAR MO.

'ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

1AME

ODDRESS PO Box 175

Reedville

OCATION 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 995

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY

 OO
 OO
 OO

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER				UNITS	MUMINIM	AVERAGE	MAXIMUM	UNITS	EX.	ANALISIS	<u> </u>
001 FLOW	REPORTD	3-159	4,212	MGD	******	******	******		Ø	CONT	EST
	REQRMNT		NL	MGD	*****	*****	******		<u></u>	CONT	EST
002 PH	REPORTD	******	******	0.5	7.5	*****	8.3	SU	0	50/W	G-RAB
002 FII	REQRMNT	*****	*****		6.0	*****	9.0	su	<u> </u>	5D/W	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		******	16.0	16.0	UG-/2	Ø	1/1	241+C
UIS COPPER, TOTAL (NO CO)	REQRMNT	*****	******		*****	NL	NL	UG/L		1/M	24HC
OBO TEMPERATURE, WATER	REPORTD	******	******	İ	******	34.0	39.8	°C	Ø	1/Day	IS.
(DEG. C)	REQRMNT	*****	*****		******	NL	45	С	ļ.,	1/DAY	IS
186 SILVER, TOTAL	REPORTD	******	*****	İ	******	14QL	< QL	UG-/L	0	1/19	24140
RECOVERABLE	REQRMNT	*****	******		*****	NL	NL	UG/L	1	1/M	24HC
448 ZINC, DISSOLVED (AS	REPORTD	******	******		*****	68.0	68.0	UG/2	Ø	1/19	GrAB
ZN) (UG/L)	REQRMNT	*****	*******		******	NL	NL	UG/L	<u> </u>	1/M	GRAB
	REPORTD								-		-
×	REQRMNT								-	*****	-
	REPORTO										-
	REQRMNT									*****	

	TOTAL	TOTAL SLOWING	TOTAL BOD5(K.G.)	OPERATOR IN	RESPONSIBLE CHARGE		DAT	ΓE	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(R.G.)	Gentlers Lipit Tett	Graham Lyell Vett	1911004463	07	09	07
OVERFLOWS I CERTIFY UNDER	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	THE OF PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	SHART TOTON DEDCOMMEN.	PROPERLY GATHER AND EVA	WITH A SYSTEM DESIGNED ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR		ER OR AUTHORIZED AGENT	TELEPHONE			
				N	204-453-421	07	09	07	
	10 22 11 C C 6 1319	(Penalties under thes	TTING PALSE INFORMATION OWING VIOLATIONS. SEE 1 e statutes may include n 6 months and 5 years.	1	SIGNATURE		YEAR	MO.	DAY

OMEC PROT	iA FINI			DMR	REPO	RTING
	LIL 4m			Co	ockrell C	reek
REEDVI	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Aug-07	11:25	30.2	7.96	0.37	13.9
002	6-Aug-07	11:10	30.2	8.00	0.29	13.4
995	6-Aug-07	11:20	30.2	7.98	0.521	13.9
					7	
			-			

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	
Report Period: From 7 130107 To 815	<u>51</u> 07
Paint Area CO	MPLIANCE / NONCOMPLIANCE * (check as appropriate)
(
	——————————————————————————————————————
	
*Comments on Noncompliance	
TED SCHULTZ REGULA Name of Principal Exec. Officer or Author	ATORY COMPLIANCE ized Agent / Title
I certify under penalty of law that this doct supervision in accordance with a system evaluate the information submitted. Based or those persons directly responsible for games my knowledge and belief true, accurate a	ument and all attachments were prepared under my direction or designed to assure that qualified personnel properly gather and don my inquiry of the person or persons who manage the system athering the information, the information submitted is to the best of and complete. I am aware that there are significant penalties for possibility of fine and imprisonment for knowing violations. See 18 agraph 1319. (Penalties under these statutes may include fines up not of between 6 months and 5 years).

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.: VA0003867	
Report Period: From <u>8 /13 / 07</u> To <u>8</u>	119107
Paint Area C	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance	
TED SCHULTZ /RE Name of Principal Exec. Officer or Auth	GULATORY COMPLIANCE porized Agent / Title
I certify under penalty of law that this desupervision in accordance with a syste evaluate the information submitted. Base or those persons directly responsible for my knowledge and belief true, accurate submitting false information, including the contraction of the contraction	ocument and all attachments were prepared under my direction or m designed to assure that qualified personnel properly gather and sed on my inquiry of the person or persons who manage the system r gathering the information, the information submitted is to the best of e and complete. I am aware that there are significant penalties for he possibility of fine and imprisonment for knowing violations. See 18 paragraph 1319. (Penalties under these statutes may include fines up nent of between 6 months and 5 years).

Address: Reedville, VA.	
VPDES Permit No.: VA0003867	
Report Period: From 8 20107 To 812	<u>:61</u> 07
Paint Area COM	MPLIANCE / NONCOMPLIANCE * (check as appropriate)
n n	

	· · · · · · · · · · · · · · · · · · ·
*Comments on Noncompliance	
TED S CHULT2 / REGUL Name of Principal Exec. Officer or Authoriz	Zed Agent / Title
supervision in accordance with a system de evaluate the information submitted. Based or those persons directly responsible for gating knowledge and belief true, accurate and submitting false information, including the position.	9-7-07

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>8 /27/07</u> To <u>9/2/</u> 07
Paint Area
*Comments on Noncompliance
TED SCHULTZ REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

ERMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR

Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd				YEAR MO		EAR MO DAY 7 09 30	BEFORE COMPLETING THIS FORM				
	1		FROM	QUALITY OR CON			DNCENTRATION		NO. EX.	FREQUENCY OF	SAMPLE
PARAMETER	1		TY OR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA.	ANALYSIS	
		AVERAGE	MAXIMUM		*****	*****	******		Ø	CONT	Est
001 FLOW	REPORTD	3.160	14.254	MGD	****		*****		Y	CONT	EST
	REQRMNT	NL	NL	MGD	****	******		 	10		i
	REPORTD	****	******		7.6	*******	8.3	50	0	3D/W	G-RAI
002 PH		****	******	1	6.0	*****	9.0	SU	<u> </u>	3D/W	GRAB
	REQRMNT		658.6	176/D	******	*****	******		Ø	30/W	24K
003 BOD5	REPORTD	271,5		KG/D	****	*****	******			3D/W	24HC
	REQRMNT	1700	3100	1	*******	****	******		10	30/w	24 H
004 TSS	REPORTD	396.2	681.1	176/D			******	+	1	3D/W	24HC
	REQRMNT	650	1600	KG/D	*******	******		4	+	1 327	
	REPORTD	******	******		******	NA	NA		-	1.7-1.17	GDAD
005 CL2, TOTAL		*****	*****	-	*****	580	1200	UG/L	1	1/DAY	GRAB
	REQRMNT		****	12010	****	0.28	******	MG-/L	0	1/W	24H
012 PHOSPHORUS, TOTAL (AS	REPORTD	2.07		KG/D	******	2.0	*****	MG/L		1/W	24HC
P) .	REQRMNT	23	******	KG/D	******	125-	30	UG/L	6	2/11	GRA
018 CYANIDE, TOTAL (AS	REPORTD	****	*****			25		UG/L	10	2/M	GRAB
CN)	REQRMNT	******	*****		*******	96	110		1	2/14	24H
	REPORTD	******	******		*****	8.56	10.4	MG-/2	Ø		
039 AMMONIA, AS N			*****		******	NL	NL	MG/L		2/M	24HC
	REQRMNT			L.							

				OPERATOR IN R	ESPONSIBLE CHARGE		DATI	E	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	0.1	111 4 111-	1911000976	07	16	9
OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS HERE	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER 1	MY DIRECTION OR SUPE	RVISION IN ACCORDANCE	ALUATE THE INFORMATION	- CONTRACTOR OFFICE	R OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASES	D ON MY INQUIRY OF T	HE PERSON OR FERSONS IN	RMATION, THE INFORMATION			804-453-4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	LEDGE AND SCHOOL SUBMI	TTING FALSE INFORMATION.		SIGNATURE		YEAR	мо.	DAY
INCLUDING THE P	OSSIBILITY OF FINE A	MD IMPRISONAL TON I	OHING VIOLATIONS. SEE 1: De statutes may include In 6 months and 5 years.	111.22	UM5 Coursour		07	10	19

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY MO DAY 07 09 01 10 07 09 30 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

Reedville CILITY 610 Menhaden Rd CATION	700)			YEAR MO	MONITORING I	EAR MO DAY		NOTE:	READ PERM BEFORE CO	MIT AND GENERAL I IMPLETING THIS FO	NSTRUCTION: ORM.
391	, ,		FROM	[0.7] 03		NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
A PANETED	1	QUANTI	TY OR LOADING				MAXIMUM UNITS			ANALTSIS	
PARAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	******		TC	Ø	11/0	IS
80 TEMPERATURE, WATER	REPORTD	*****	******		****		39.1	c	12	1/DAY	IS
DEG. C)	REQRMNT	******	******		****	****	******	+	0	3D/W	GRAE
000 OIL & GREASE	REPORTD	58.6	80.5	KGID	****		*****		14	3D/W	GRAB
JAA OTTI & GIAMIOS	REQRMNT	370	680	KG/D	****	******		+		1	
	REPORTD								+	*****	
	REQRMNT					+	-	+			
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	REQRMNT										
	REPORTD				<u> </u>					*****	
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	REPORTD				ļ		-	-		*****	
i)	REQRMNT						+				
	REPORTE				-		-			*****	
	REQRMN			_	-		+				
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	REQRMN	Т					_1				

DATE DATE	
11 11 11 11 11 11 11 11 11 11	9
CERTIFICATE NO. YEAR MO. DA	AY
804.453-4211	
YEAR MO. D.	YAC
BLENCOUE Willewowe 67 10 9	9
	OPERATOR IN RESPONSIBLE CHARGE SUM STITE SUM STITE SUM STURE SUM STUR

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

IAME

ODRESS PO Box 175

Reedville

ACILITY 610 Menhaden Rd .OCATION

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY MO DAY YEAR TO 07 09 30 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01/09 FROM FREQUENCY 44 866 SAMPLE NO. QUALITY OR CONCENTRATION OF TYPE QUANTITY OR LOADING EX. ANALYSIS UNITS PARAMETER MAXIMUM AVERAGE MUMINIM UNITS MAXIMUM **AVERAGE** 0 CONT MEAS **** **** ***** MGD 0.202 REPORTD 0.132 001 FLOW CONT MEAS **** ****** **** MGD NL NL REQRMNT GRAB SU ****** ***** ****** REPORTD 002 PH 2D/W GRAB SÜ 9.0 **** 6.0 ***** ***** REQRMNT 0 24/1C ******* ***** ***** 7.9 156/D REPORTD 003 BODS 2/M 24HC ****** ***** ****** KG/D 840 470 REQRMNT 24HC ****** ****** ***** 14.6 8. 116-1 REPORTD 004 TSS 24HC 2/M ***** ***** ***** KG/D 410 160 REQRMNT **** N/CML GIAB ***** 1200 ***** ***** REPORTO 006 COLIFORM, FECAL N/CML 1/W GRAB ****** NL **** ****** ****** REGRMNT 24/1C ***** MG-/L ***** 2.0 KG-10 ***** REPORTD 0.5 012 PHOSPHORUS, TOTAL (AS MG/L 1/W 24HC ****** NL ***** ***** KG/D P) REGRMNT NL 9.0 MG-1 ***** ***** ***** REPORTD 039 AMMONIA, AS N 24HC MG/L 2/M 45 3 B ******* ***** ***** REQRMNT 0 20/w **** ***** ***** REPORTD 080 TEMPERATURE, WATER IS С 2D/W NL NL***** ******* (DEG. C) ***** REQRMNT

				OPERATOR IN R	ESPONSIBLE CHARGE		DAT	E	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		24/1 / 1/1-	1911000976	07	10	9
OVERFLOWS	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	TYPED OR PRINTED NAME	SANATURE	CERTIFICATE NO.	YEAR	мо.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	PROPERTY GATHER AND EV	WITH A SYSTEM DESIGNED ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR RMATION, THE INFORMATION		ER OR AUTHORIZED AGENT	TELEPHONE			
THOSE PERSONS D	IRECTLY RESPONSIBLE	FOR GATHERING THE THUE.	ACCURATE AND COMPLETE.			804.453.4211			
I AM AWARE THAT	THERE ARE SIGNIFICA	ANT PENALTIES FOR SOBMI	ONING VIOLATIONS. SEE 1	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
			e statutes may include in 6 months and 5 years.		Wolendown		07	/0	17

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

610 Menhaden Rd

DRESS PO Box 175

CILITY

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 002

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DAY

DAY

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	1	OHANTI	TY OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX.	OF ANALYSIS	SAMPLE TYPE
ARAMETER		AVERAGE	MAXIMUM	UNITS	MUMIMIM	AVERAGE	MAXIMUM	UNITS	1 -6	41	5000
and the second s	1	******	******	1	******	12420	*****	N/CML	Ø	1/W	G-RAB
40 ENTEROCOCCI	REPORTD		******	-	*****	NL	*******	N/CML		1/W	GRAB
	REQRMNT	****			******	*****					
79 TOXICITY, FINAL,	REPORTD	****	******			****	14	TU-A		1/3M	24HC
CUTE	REQRMNT	****	*****		*****	*****	*****	+	0	2/m	GIAB
Church Church	REPORTD	1.3	12.1	176/0	*****				190	2/M	GRAB
00 OIL & GREASE	REQRMNT	25	46	KG/D	****	*****	******	-	-	2/11	15.5.5
	REPORTD							-	-	*****	
	REQRMNT						-		+		
	REPORTD				-		 	_		*****	
	REQRMNT										
	REPORTD						1		-	*****	
	REQRMNT	12									
	REPORTD									*****	
	REQRMNT						+		1		
	REPORTE								_	*****	
(1 <u>0</u> 7)	REQRMN										
ADDITIONAL PERMIT REQUIREMENTS	OR COMMENTS				OPERATOR IN RE					DAT	·F

1911000976 Statue Loe Bowles mi She AND MO. YEAR **OVERFLOWS** SIGNATURE CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TELEPHONE TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 804-453-4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. SIGNATURE YEAR MO. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include 10 07 W.Y. BLENCOWE fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

RMITTEE NAME/ADDRESS(INCLUDE (CILITY NAME/LOCATION IF DIFFERENT)

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 09 30 00 06 01 TO 00

Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

n i				07/09		09 30 QUALITY OR CO	CENTRATION		NO. EX.	OF	SAMPLE
ARAMETER			Y OR LOADING	UNITS.	MINIMUM	AVERAGE ,	MAXIMUM	UNITS.] E.A.	ANALYSIS	
		AVERAGE	MUMIXAM	UNIT 5.		1 (00	******		T		
01 FLOW	REPORTD					******	******			CONT	EST
	REQRMNT	NL	NL	-MGD	******	******		-			
02 PH	REPORTD	******	****			******	9.0	SÜ		2/M	GRAB
	REQRMNT	*****	******	<u> </u>	6.0	*****	******	+	+		
03 BODS	REPORTD		· \		******	****	***		1	2/M	24HC
	REQRMNT	4300	7700	KG/D	*******	******	******		_	1	
004 TSS	REPORTD					****	*****	-		2/M	24HC
c	REQRMNT	110	286	KG/D	******		******	1	-		
007 DO	REPORTD	******	*****				****	MG/L		1/DAY	GRAB
007 60	REQRMNT	******	******		NL	NL		MG/II	-	1/DA1	TOTAL
	REPORTD	1	******		****		******				
012 PHOSPHORUS, TOTAL (AS		3.0	******	KG/D	*****	2.0	*****	MG/L	1	1/₩	24HC
F)	THE GITTING	*******	****	1	******						
039 AMMONIA, AS N	REPORTD		*****		*****	37	45	MG/L		2/M	24HC
	REQRMNT	****			*****	+					
080 TEMPERATURE, WATER	REPORTD	*****	****		******	NL	NL	С		1/DAY	IS
(DEG. C)			******		******	IVA.		1			

TOTAL BOD5(K.G.) TOTAL TOTAL FLOW(M.G.) BYPASSES **OCCURRENCES** AND **OVERFLOWS** NONE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED

TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE FOSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 13 U.S.C. & 1319. [Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OREDATOR IN R	ESPONSIBLE CHARGE		DAT	E	
- 1	11111	1911000976	07	10	9
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE			
PRINTING		804.453.4211		,	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
W. T. BLENOUS	Wheneouse		07	10	9

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

DRESS PO Box 175

Reedville

CILITY 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 09 30 01 09

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W 100			FRO			QUALITY OR GO			NO. EX.	OF	SAMP TYPE	
PARAMETER		AVERAGE	MAXIMUN		MINIMUM	AVERAGE	MAXIMUM	UNITS] EA.	ANALYSIS	<u> </u>	
42 COPPER, DISSOLVED	REPORTD	******	******		******	1 Q		UG/L		1/M	GRAB	_
UG/L AS CU)	REQRMNT	******	*****		*****	NL (NL	l OG/L		1/11	Gidib	_
00 OIL & GREASE	REPORTD				******	(*************************************	******		+	2/M	GRAB	3
	REQRMNT	430	780	KG/D	********			+	1			
*	REPORTD			111	5	4	-		+	*****		
	REQRMNT			111	1/	-	 					
	REPORTD	1		11		_		-		*****		
	REQRMNT		13		-		+					
	REPORTD			-		-	+			*****		
	REQRMNT		/		-		+		1			
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§ ·	REQRMNT						-					===
72.	REPORT				-					*****		
	REQRMN	r					+					
	REPORT	0								*****		
	REQRMN	T								11-1		
ADDITIONAL PERMIT REQUIREMENT	S OR COMMENTS									I DATI		-
PVPASSES TOTAL	TOTAL FLO	W(M.G.) TO	TAL BOD5(K.G.)		OPERATOR IN R	ESPONSIBLE CH	IARGE	,				
AND	ES	(6	Statula	Boulowin	Shirle	Bruken	191100	0976	07	10	D
OVERFLOWS NON (The page of the same of the sa	NT AND ALL ATTACK	MENTS WERE	TYPED OR PRI	NTED NAME	SIGNATUR	.E	CERTIFICAT	TE NO.	YEAR	MO.	10
PREPARED UNDER MY DIRECTION DI TO ASSURE THAT QUALIFIED PERSO	ONNEL PROPERLY GAT	HER AND EVALUATE	THE INFORMATION	PRINCIPAL EXI	ECUTIVE OFFICE	R OR AUTHORIZ	ZED AGENT	TELEPHO				T
SUBMITTED. BASED ON MY INQUIR THOSE PERSONS DIRECTLY RESPONS	SIBLE FOR GATHERIN	G THE INFORMATION	N. THE INFORMATION ATE AND COMPLETE.					804-45	3.421			1
SUBMITTED IS TO THE BEST OF M I AM AWARE THAT THERE ARE SIG	NIFICANT PENALTIES	FOR SUBMITTING	FALSE INFORMATION, VIOLATIONS, SEE 18	TYPED OR PRI	NTED NAME	SIGNATUR	enlow	W.		YEAR	мо.	10
I AM AWARE THAT THERE ARE SIG INCLUDING THE POSSIBILITY OF U.S.C. & 1001 AND 33 U.S.C. & (ines up to \$10,000 and/or ma	FIRE AND INSICIOUS	d-w these stat	utes may include	1,2	BLENCOWE	6756	eudour			07	10	1 2

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMUNIVERLIN OF VINGINIA TMENT OF ENVIRONMENTAL QUALITY

DEPARTMENT OF ENVIRONMENTAL GOALS
DLI ANTIGUETTA IN THE PROPERTY OF THE PROPERTY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES
ATIONAL FOLLOWING THE PERCENT (DMP)
DISCHARGE MONITORING REPORT(DMR)
DIGOTIAITO IN THE

VA0003B67 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 070901 1007

industrial เพลงบา

0012212001

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd CATION				YEAR M	MONITORING O DAY YE	AR MO DAY	l.	NOTE:	READ PERM BEFORE CO	IT AND GENERAL! MPLETING THIS FO	NSTRUCTION
			FROM	0709	101 100	7 09130 QUALITY OR CO			NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	EX,	ANALYSIS	ITPE
AKAMETEK	Ī	AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	******	 	10	CONT	EST
001 FLOW	REPORTD	3.129	4.212	MG-D	*****			-	180	CONT	EST
701 F10N	REQRMNT	NL	NL	MGD	*****	****	******	ļ	1		-
	REPORTD	****	******		7.6	******	8.1	50	Ø	50/W	GRAI
002 PH	REQRMNT	****	*****	1	6.0	*****	9.0	SU	1.,	5D/W	GRAB
		****	******	1	*****	KQL	14QL	UG-/L	90	IIM	24 14
019 COPPER, TOTAL (AS CU)	REPORTD	****	******		*****	NL	NL	UG/L		1/M	24HC
	REQRMNT		******	+	******	31.0	32.6	TC	Ø	1/Day	IS
80 TEMPERATURE, WATER	REPORTD	****			*****	NL NL	45	С		1/DAY	IS
(DEG. C)	REQRMNT	*****	*****		******		1222	UG/L	10	1/M	2414
186 SILVER, TOTAL	REPORTD	****	*****			2.27	2.27	UG/L	190	1/M	24HC
RECOVERABLE	REQRMNT	*****	******		*****	NL	NL NL		10		
448 ZINC, DISSOLVED (AS	REPORTD	*****	*****		*****	12QL	KQL	UG/L	0	1/11	GRAB
ZN) (UG/L)	REQRMNT	*****	******		*****	NL	NL	UG/L	-	1/M	GRAD
	REPORTD									-	-
9	REQRMNT					19.			-	*****	4
	REPORTD										

	REQRMNT	1									

				OPERATOR IN R	ESPONSIBLE CHARGE		DATI	.	9
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	1	111111-	1911000976	07	18	9
OVERFLOWS	NONE THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	AY DIRECTION OR SUPE	RVISION IN ACCORDANCE	ALUATE THE INFORMATION	- CERTIFICATION OF CALCULATION OF CA	ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE THOSE PERSONS D	D ON MY INQUIRY OF T IRECTLY RESPONSIBLE	FOR GATHERING THE INFO	RMATION, THE INFORMATION ACCURATE AND COMPLETE.	8		804-453-4211			547
SUBMITTED IS TO I AM AWARE THAT	THE BEST OF MY KNOW THERE ARE SIGNIFICA	ANT PENALTIES FOR SUBMI	TTING PALSE INFORMATION OWING VIOLATIONS. SEE 1	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Gy
U.S.C. & 1001 A fines up to \$10	ND 33 U.S.C. & 1319 ,000 and/or maximum	 (Penaltics under thes imprisonment of between 	e statutes may include on 6 months and 5 years.	W.T. BLENCOWE	Wolevious		07	10	/

OMEC PROT				DMR	REPO	RTING	
		LII TEM			Co	ckrell C	reek
REEDVI	LLE, VA						
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)	
001	4-Oct-07	8:20	24.4	7.85	0.38	15.9	
002	4-Oct-07	8:10	23.9	7.81	0.21	15.9	
995	4-Oct-07	8:25	24.8	7.73	0.382	16.0	

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Э.	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
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1											<u> </u>	-		-
1				3						-		-	-	-
2									4				-	
2											-	-	-	1
	22									-		-		
	23									-		-		-
	24									-	-	-	-	
	25 1530	<2	9.0	0.12	0 24.5	8.2	15.9	1550	5.6	8.76	0.417	24.5	8.31	16.
	26									1	-	-	-	
	27							_				-	+	
	28							_				-		-
	29								_		-	_		
	30											_		
	31							1						ــــــــــــــــــــــــــــــــــــــ

Name of Vessel Tangier Island

Name of Sampler Andy Hall

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

te	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
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2	1								-	-				-
2	2										-	-		-
2	3						-							-
2	4					<u> </u>	_			-	-	-	, , , , , , , , , , , , , , , , , , ,	53/62
2	5 1645	<2	9.16	0.244	24.6	8.28	15.9	1715	4.9	8.72	0.259	24.2	8.36	16.
2	6					ļ	-					-	-	+
2	7					ļ		1-	-		-		-	
2	8					-		-	-			-	-	+
2	.9					-	-	-	-		-	-	-	1
3	80		_		4	-		-	_		-	-	+	
3	31											1		

Name of Vessel John S. Dempster

Name of Sampler ____Andy Hall___

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 9/3/07 To 9/9/07
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
TED SCHULTZ REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years):
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 9 117/07 To 9 123/ 07
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
TED SCHULTZ REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
9 =

Facility Name: Omega Protein Address: Reedville, VA.

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<u>91301</u> 67	
a *	
COMPLIANCE / NONCOMPLIANCE (check as appropriate)	*
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Authorized Agent / Thie	
Based on my inquiry of the person or person of person of person of person of gathering the information, the information and complete. I am aware that there and the possibility of fine and imprisonment for paragraph 1319. (Penalties under these comment of between 6 months and 5 years	ons who manage the system ion submitted is to the best of are significant penalties for or knowing violations. See 18 statutes may include fines up
	REGULATORY ComPLIA- Authorized Agent / Title s document and all attachments were present designed to assure that qualified person or person or gathering the information, the information and complete. I am aware that there are the possibility of fine and imprisonment for the possibility of fine and imprisonment for the possibility of fine and imprisonment for the possibility of fine and imprisonment for the possibility of fine and imprisonment for the possibility of fine and imprisonment for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fine and for the possibility of fine and fin

RMITTEE NAME/ADDRESS(INCLUDE .CILITY NAME/LOCATION IF DIFFERENT)

MΕ

DRESS PO Box 175.

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 02 10 01 10 02 10

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd			EDOM.	YEAR MC	MONITORING I	NOTE: READ PERMIT AND GENERAL INSTE BEFORE COMPLETING THIS FORM.					
	1	OLIANTIT	FROM Y OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	-		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA.	ANALISIS	
		AVERAGE			*****	******	******		0	CONT	EST
01 FLOW	REPORTD	2.916	4.254	MGD		******	*****		-	CONT	EST
	REQRMNT	NL	NL	MGD	******	*****	0 1	1011	10	30/W	GRAB
02 PH	REPORTD	******	****		7.6	*******	8.1	SU	180		GRAB
UZ FR	REQRMNT	*****	*****		6.0	*****	9.0	st	14	3D/W	
	REPORTD	293.4	804.4	KG/10	*****	****	*******		Ø	30/W	24110
03 BOD5		14.21	3100	KG/D	*****	******	******			3D/W	24HC
V	REQRMNT	1700			******	******	******		0	30/W	241
004 TSS	REPORTD	238.7	498.2	14/10	****	******	*****			3D/W	24HC
5	REQRMNT	650	1600	KG/D			-	+	+		
005 CL2, TOTAL	REPORTD	*****	******		*****					1/DAY	GRAB
JUS CH2, 101A4	REQRMNT	******	******		*****	580	1200	DG/L	-	I/DAI	+
	REPORTD	1.50	******	156/0	*****	0.18	*******	MG/L	Q	1/W	24H
012 PHOSPHORUS, TOTAL (AS			******	KG/D	*****	2.0	******	MG/L		1/W	24HC
P) *	REQRMNT	23	******		******	KQL	K CQ L.	UG-/4	0	2/19	GRE
018 CYANIDE, TOTAL (AS	REPORTD	******	******		******	96	110	UG/L		2/M	GRAB
CN)	REQRMNT	*****	*****					MG/L	0	12/19	24/
039 AMMONIA, AS N	REPORTD	******	******		*****	6.70		MG/L	14	2/M	24HC
032 WINDLINE OF A	REQRMNT	****	****		******	NL	NL	MG/L		4/ M	24110

			OPERATOR IN S	RESPONSIBLE CHARGE		DATE	<u> </u>	
AND OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Steplan Lee Bowles MI	41.101-	1911000976		//	8 DAY
I CERTIFY UNDER PENALTY OF LAW THAT TO PREPARED UNDER MY DIRECTION OR SUPERV	VISION IN ACCOMBANCE !	LUATE THE INFORMATION	TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAT
SUBMITTED. BASED ON MY INQUIRY OF THE THOSE PERSONS DIRECTLY RESPONSIBLE FO	OR GATHERING THE INFO	MATION, THE INFORMATION ACCURATE AND COMPLETE.	1	ER OR AD MICH.	804.453.4211			
SUBMITTED IS TO THE BEST OF MY KNOWLE I AM AMARE THAT THERE ARE SIGNIFICANT INCLUDING THE POSSIBILITY OF FINE AND U.S.C. & 1001 AND 33 U.S.C. & 1319. (fines up to \$10,000 and/or maximum in	IMPRISONMENT FOR KNO	OWING VIOLATIONS. SEE 1	TYPED OR PRINTED NAME	SIGNATURE THE COLLEGE		2007	мо.	DAY 07

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME

CILITY

DRESS PO Box 175

Reedville

610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DAY

DAY

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	1 1		FROM	07170	TO 0	QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1	QUANTI	TY OR LOADING	LIMITO	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA.	ANACTSIS	
PARAMETER		AVERAGE	MUMIXAM	UNITS	********	******	38.3	TC	10	1/DAY	IS
080 TEMPERATURE, WATER	REPORTD	****	*****			*****	50	c	1~	1/DAY	IS
(DEG. C)	REQRMNT	****	****		*****	******	******		10	3D/W	GRAD
500 OIL & GREASE	REPORTD	58.2	80.5	HG/D	****	****	******		1	3D/W	GRAB
300 012 2 3.12.11	REQRMNT	370	680	KG/D	******	******			-		
	REPORTD					-			-	****	
	REQRMNT						-		1	1	
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	REQRMN	Т									

OPERATOR IN RESPONSIBLE CHARGE **FOTAL BOD5(K.G.)** TOTAL FLOW(M.G.) TOTAL 1911000976 07 BYPASSES **OCCURRENCES** AND MO. YEAR OVERFLOWS Nane CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR 204.453.4211 THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. MO. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, W.T. BLENCOWE W. SIGNATURE YEAR INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOHING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 11 U.S.C. & 1319. (Penalties under these statutes may include 200 fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

ERMITTEE NAME/ADDRESS(INCLUDE (CILITY NAME/LOCATION IF DIFFERENT)

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

YEAR MO DAY

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office. 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd				YEAR MO		AR MO DAY		NOTE: RE	AD PERM FORE CO	IT AND GENERAL I MPLETING THIS FO	NSTRUCTIONS IRM.
11 ·h			FROM	07110		7 10 31 QUALITY OR CO	NCENTRATION		NO.	FREQUENCY OF	SAMPLE TYPE
ARAMETER		QUANTI	TY OR LOADING	1	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
AKAMETEN	Ī	AVERAGE	MAXIMUM	UNITS	WINIMION	******	******		Ø	CONT	MEAS
01 FLOW	REPORTD	0.122	0.246	MGD		******	******		-	CONT	MEAS
-		NL	NL	MGD	*****	******		SU	05	20/W	GRAB
	REPORTD	*****	*****		7.6		8.5	-	2	2D/W	GRAB
102 PH	REQRMNT	****	*****		6.0	*****	9.0	su	10	1	
	REPORTD	2.7	4.5	KG/D	*****	****	******		Ø	-	24HC
03 BOD5		470	840	KG/D	*****	******	******		1	2/M	24HC
	REQRMNT		10.8	156/0	******	*****	******		0	2/M	24/40
004 TSS	REPORTD	6.5		KG/D	*****	*****	*****		1	2/M	24HC
	REQRMNT	160	410	1607.5	*****	323	******	IN/cml	10	1/W	G-RAE
006 COLIFORM, FECAL	REPORTD	*****	******		****	NL NL	******	N/CML		1/W	GRAB
	REQRMNT	******	******		*****		******	MG-/L	108	1/1/	24 H
012 PHOSPHORUS, TOTAL (AS	REPORTD	0.6	****	KG/D		2.3	*****	MG/L	12	1/W	24HC
012 PROSPHOROS, 101122 (112)	REQRMNT		*****	KG/D	*****	NL		1	10	12/M	24140
	REPORTD		******		*****	1.6	2.2	MG/L	4		24HC
039 AMMONIA, AS N	REQRMNT		*****		*****	38	45	MG/L	100	2/M	IIS
			*****		*****	21.8	25.8	C	8	20/W	_
080 TEMPERATURE, WATER (DEG. C)	REQRMNT		*****		*****	NL	NL	С		2D/W	IS

ADDITIONAL PERMIT				A DEDATOR IN S	RESPONSIBLE CHARGE		DATE		
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		040.1 11.0-	1911000976	07	11	8
OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Steelsus Lee Kon Les TIL TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER MY	Y DIRECTION OR SUPE	AND SAME AND SAME	MOITAMRORNI SHT STAILLA		ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASED	ON MY INCOURT OF I	HE PERSON ON THE THEO	SMATION, THE INFORMATION	(<u> </u>		804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	THE PARTY OF THE PARTY	TTING PALSE INFORMATION,		SIGNATURE/		YEAR	MO.	1
THE POST THE POS	SSIBILITY OF FIRE	MAD THE KITCHES	NOWING VIOLATIONS. SEE 10 se statutes may include an 6 months and 5 years.	, , , , , , , , , , , , , , , , , , , ,	Tobolowow	N.	2007	11	07

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

AME

DORESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 07 10 01 10 07 10 31 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 (Ax)			FROM	07/10	10 TO 0		LIGHT ATION		NO.	FREQUENCY	DOMINI CE
		OUANTI	TY OR LOADING			QUALITY OR CO			EX.	ANALYSIS	TYPE
PARAMETER	F	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	 	! /	1 1 2 0
			*****		******	1496	******	W/CML	Ø	1/W	GRAB
40 ENTEROCOCCI	REPORTD	****			*****	NL NL	******	N/CML		1/W	GRAB
	REQRMNT	*****	*****			*****			1		
79 TOXICITY, FINAL,	REPORTD	****	******		******			mr. h		1/3M	24HC
ACUTE	REQRMNT	****	*****	8	******	*****	14	TU-A	+-		1
		1.8	2.7	KG/10	******	******	*****		Ø	2/M	GRAE
000 OIL & GREASE	REPORTD			KG/D	****	*****	****			2/M	GRAB
	REQRMNT	25	46	1 1075							
	REPORTD						-	-		****	
	REQRMNT						-	-			
	REPORTD						-	-	-	*****	
	REQRMNT					+					İ
	REPORTD						-		1	*****	
	REQRMNT						+		1		
	REPORTD					_		-	1	*****	
	REQRMNT						-		1	1	
	REPORTE							-		*****	
1	REQRMNT										

				OPERATOR IN R	ESPONSIBLE CHARGE		DATE	-	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		11/1/1-	1911000976	07	11	8
OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Steeling Lee Bunkes TILL TYPED OR PRINTED NAME	Still for Book my SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER M	Y DIRECTION OR SUPE	RVISION IN ACCOMPAND EV	ALUATE THE INFORMATION	THE PROPERTY OF STREET		TELEPHONE			
SUBMITTED, BASED	ON MY INQUIRY OF T	THE PERSON OR PERSON	RMATION, THE INFORMATION			804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	(PEOGE WAS BESTER AND SHEMT.	TTING FALSE INFORMATION.		SIGNATURE)		YEAR	MO.	DAY
INCLUDING THE PO	SSIBILITY OF FIRE	AND IMPRIBOUNDED These	OWING VIOLATIONS. SEE 16 e statutes may include n 6 months and 5 years.	$-\alpha i$	1.16/	4	2007	11	07

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 000 10 01 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd CATION			FROM	YEAR MO		7 10 01		NOTE:	BEFORE CO	MIT AND GENERAL I	-
		QUANTITY	OR LOADING	4		UALITY OR CO		<u> </u>	NO. EX.	OF ANALYSIS	SAMPLE TYPE
ARAMETER	Ì	AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS	+		
01 FLOW	REPORTD				*****	****	/*************************************			CONT	EST
	REQRMNT	ИГ	ИГ	MGD		***					
02 PH	REPORTD	*****	****		6		9.8	su	-	2/M	GRAB
	REQRMNT	*****	****	14-	6.9	*******	*******	 	1		
03 BOD5	REPORTD			1	***	******	*****		_	2/M	24HC
	REQRMNT	4300	7700	KG/D	1 * / * * * * * /	******	******				
04 TSS	REPORTD		I P		1.,/.	*****	******		_	2/M	24HC
	REQRMNT	110	280	KG/L	1		*****	+			
007 DO	REPORTD	****	*(*****)*	_/	1,,,,	NL	******	MG/L		1/DAY	GRAB
	REQRMNT	****	٠٨٠٠٠٨		NL	1.2	******				
012 PHOSPHORUS, TOTAL (AS	REPORTD		*******		*****	2.0	*****	MG/L		1/W	24HC
P)	REQRMNT		****	KG/D	*****	12.0		 	1		
039 AMMONIA, AS N	REPORTO	****	******		*****	37	45	MG/L		2/M	24HC
	REQRMNT	******	****		*******	+'			1		
080 TEMPERATURE, WATER	REPORTE) *******	*****				NL	С	_	1/DAY	IS
(DEG. C)	REQRMN	******	*******		******	NL	I MD	<u> </u>		1-1	

	*			ODERATOR IN	RESPONSIBLE CHARGE		DATE		
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN	21110-	1911000976	07	11	8
AND OVERFLOWS	Marco	O DOCUMENT AND ALL	ATTACHMENTS WERE	Steplang Lee Bowlish	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	THIS DOCUMENT AND ALL ERVISION IN ACCORDANCE PROPERLY GATHER AND EV.	ALUATE THE INFORMATION	TYPED OR PRINTED NAME PRINCIPAL EXECUTIVE OFFICE	1	TELEPHONE			
SUBMITTED. BASE	D ON MY INQUIRY OF T	THE PERSON OR FERGUSON	RMATION, THE INFORMATION	·	V V	804.45-3.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	TLEDGE AND SERVED	TTING FALSE INFORMATION		SIGNATURE		YEAR	MO.	DAY
INCLUDING THE P	OSSIBILITY OF FINE	AND IMPRIBOUNDED THE	NOWING VIOLATIONS, SEE 1 se-statutes may include en 6 months and 5 years.		77//	re	2007	11	07

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

. VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 00 10 01 10 07 10 31 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd CATION			FROM	YEAR M		AR MO DAY 7 10 31			BEFORE O	MIT AND GENERAL II	
4 76 700)						QUALITY OR CO	NCENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER	1	QUANTIT	Y OR LOADING			AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
ARAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVENAGE		1	Ť		
42 COPPER, DISSOLVED	REPORTD	****	******			NL CZ	NL	UG/L		1/M	GRAB
(UG/L AS CU)	REQRMNT	*****	*****		******	NL C	******	1	-		
500 OIL & GREASE	REPORTD				1 / /		******		-	2/M	GRAB
	REQRMNT	430	780	KG/D	24.4.4.	1		-			
	REPORTD		,	115					-	*****	
	REQRMNT	1		ı		-	-	1			İ
	REPORTD				1	-		-		*****	
	REQRMNT	110							+		
	REPORTD					_	-			*****	
	REQRMNT		1					-			T
	REPORTD						-	-		*****	
72*	REQRMNT							+	1		
	REPORTD							-	_	*****	
	REQRMNT						-	-			
	REPORTO						-			****	
	REQRMNT										

				ODERATOR IN RE	SPONSIBLE CHARGE		DATE		
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		11/1/1	1911000926	07	11	8
AND OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Skelow Lee Bowlow	SIGNATURE	CERTIFICATE NO.	YEAR	мо.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	RVISION IN ACCOUNT AND EV	ALUATE THE INFORMATION	THE PUT OFFICER	OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE	ED ON MY INQUIRY OF T	HE PERSON ON THE THEO	EMATION, THE INFORMATION			804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	THEIR BOR CURKT	TTING FALSE INFORMATION,		SIGNATURE)		YEAR	MO.	DAY
INCLUDING THE	POSSIBILITY OF FINE A	MD THERESON	OWING VIOLATIONS. SEE 16 statutes may include n 6 months and 5 years.	1	10 15 teresour		2007	11	07
fines up to \$10	0,000 and/or maximum	•F-		Will Oneller	D re				

RMITTEE NAME/ADDRESS(INCLUDE CILITY NAME/LOCATION IF DIFFERENT)

ME

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VINGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO TO 07 10 31 industrial iviajor

UOIZZIZUUI

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd CATION			· · · · · · · · ·	YEAR M	A	PERIOD EAR MO DAY 7 /0 31		NOTE:	READ PERI BEFORE CO	AIT AND GENERAL OMPLETING THIS F	INSTRUCTIONS DRM.
	<u>_</u>	OHANTI	FROM TY OR LOADING	07170		QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA.	ANALISIS	
		AVERAGE		+	******	*****	*****		Ø	CONT	EST
01 FLOW	REPORTO	2.887	4.212	M6-10		****	******			CONT	EST
	REQRMNT	ЙГ	NL	MGD	******				10		G-RAB
02 PH	REPORTD	*****	*****		7.5	*****	8,0	SU	Ø	50/W	-
102 PR	REQRMNT	****	****		6.0	****	9.0	SU-	1-	5D/W	GRAB
(2.0 CVI)	REPORTD	*****	***		******	48	48	UG/L	Ø	1/M	24HC
)19 COPPER, TOTAL (AS CU)	REQRMNT	****	******		******	NL	NL	UG/L	1	1/M	24HC
	REPORTD	*****	******		*****	28,2	31.8	<u></u>	Ø	1/DAY	IS.
080 TEMPERATURE, WATER		****	******	-	****	NL	45	С		1/DAY	IS
(DEG. C)	REQRMNT			1	*****	12 QL	KQL	106/4	0	11/11	24110
186 SILVER, TOTAL	REPORTD	******	******		******	NL NL	NL	UG/L		1/M	24HC
RECOVERABLE	REQRMNT	******	*****					1	10	1/1/1	GRAC
448 ZINC, DISSOLVED (AS	REPORTD	******	*****		****	12	72_	UG/L	Ø		GRAB
ZN) (UG/L)	REQRMNT	*****	******		******	NL	NL	UG/L		1/M	GRAD
<u>a</u>	REPORTD								-	*****	-
	REQRMNT							-		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	+
	REPORTD						-			*****	-
	REQRMNT										

				OPERATOR IN RE	SPONSIBLE CHARGE		DATE	Ė	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	- 1 0 1	01/10/-	1911000976	07	11	8
OVERFLOWS	NONE THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
REPARED UNDER	MY DIRECTION OR SUPE	PROPERTY CATHER AND EV	ALUATE THE INFORMATION		R OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASE	D ON MY INQUIRY OF T	THE PERSON OR PERSONS IN	RMATION, THE INFORMATION			804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	TEDGE AND BESTS! THE	TTING FALSE INFORMATION.		SIGNATURE		YEAR	MO.	DAY
INCLUDING THE P	OSSIBILITY OF FINE	AND IMPRISONMENT FOR IC.	OWING VIOLATIONS, SEE 16 a statutes may include in 6 months and 5 years.	111 25 0111	WSlowowe		2007	H	07

OMEC	GA +					RTING
PROT	EII			Co	ockrell C	reek
REEDV	LLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Sep-07	9:55	28.8	8.05	0.377	14.7
002	6-Sep-07	9:45	28.6	8.14	0.155	14.7
995	6-Sep-07	10:00	28.9	7.92	0.476	14.7

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

)	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
İ														
2														
3														
4														
5			-											
6														
7														
8			-											-
9														
10		-			-									
11			-		-				-					
12														_
13			ļ				-			-				
14				•					<u> </u>			-		-
15									1	-			-	
16									-					-
17														
18												-		
19									1	<u> </u>				-
20														
21														ļ
22														<u> </u>
23														
24														
25														
26														
2				1										
			1					İ						
2		1	1	1										
2		+		0.401	40.0	8.20	15.7	1735	3.3	9.09	0.422	19.1	8.02	15.
3		<2	9.01	0.164	18.6	8.20	15./	1/35	3.3	5.09	0.422	10.1	1 3.52	

Name of Vessel_Lancaster_

Name of Sampler ____Andy Hall___

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

T e 8	ime of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Тетр С	pH su	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														0
5								-						
6														
7														
8														
9				0.										
10														
11														
12														
13														
14														
15								1						
16														
17														
18														
19														
20														
21														
22														
23														
24														-
25						l.								
26														-
27													-	-
28														
29														<u> </u>
30	1725	<2	9.00	0.363	18.6	8.22	15.6	1800	<2	9.04	0.442	18.8	8.08	15.
31														

Name of Vessel Smuggler's Point

Name of Sampler Andy Hall

Address: Reedville, VA.	
VPDES Permit No.: VA0003867	
Report Period: From 10/1/07 To	<u>10171</u> 07
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
ACCOUNTS OF THE PERSON NAMED IN COLUMN NAMED I	
<u> </u>	
*Comments on Noncompliance	
Ted Schultz / Re Name of Principal Exec. Officer or A	gulatory Compliance
I certify under penalty of law that this supervision in accordance with a systematic evaluate the information submitted. I or those persons directly responsible my knowledge and belief true, accur submitting false information, including the Congregacy 1001 and 33 U.S.C.	s document and all attachments were prepared under my direction or stem designed to assure that qualified personnel properly gather and Based on my inquiry of the person or persons who manage the system for gathering the information, the information submitted is to the best of rate and complete. I am aware that there are significant penalties for g the possibility of fine and imprisonment for knowing violations. See 18 paragraph 1319. (Penalties under these statutes may include fines up nument of between 6 months and 5 years).

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>1018107</u> To <u>10174</u> 07
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Ted Schultz Regulatory Compliance: Name of Principal Exec. Officer of Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	4
VPDES Permit No.: VA0003867	
Report Period: From <u>/01/5707</u> To <u>/02/</u> 07	*
	CE / NONCOMPLIANCE * ck as appropriate)
	<u> </u>
· ·	
*Comments on Noncompliance	
TEO SCHOLTZ / REGULATORY Name of Principal Exec. Officer or Authorized Age	COMPLIANCE nt/ Title
supervision in accordance with a system designed evaluate the information submitted. Based on my ir or those persons directly responsible for gathering to my knowledge and belief true, accurate and complete the prossibility of the possibility and the possibility and the possibility of the possibility.	a 60
Signature of Principal Officer or Authorized Agent	

Yrotein A.			
VA0003867			
10122 TO 10 13/10	07		
COMPI	LIANCE / NON (check as appro	COMPLIANCE * priate)	¥
_			
=			
-		2	
			<u></u>
-			
ompliance			
2 Resulator ec. Officer of Authorized	Y Complia Agent / Title	ivce	_
ance with a system design submitted. Based on city responsible for gather elief true, accurate and comation, including the possion and 33 U.S.C. paragrams imprisonment of	igned to assure the my inquiry of the pering the information complete. I am assibility of fine and it aph 1319. (Penaltibetween 6 month	nat qualified person person or persons on, the information ware that there are imprisonment for kr es under these status as and 5 years):	who manage the system submitted is to the best of a significant penalties for nowing violations. See 18
	COMP COMP	COMPLIANCE / NON (check as approduce of law that this document and all attachmence with a system designed to assure the city responsible for gathering the informatic elief true, accurate and complete. I am attachment and 33 U.S.C. paragraph 1319. (Penaltic existed in matter and 33 U.S.C. paragraph 1319. (Penaltic existed in matter and system of between 6 month and 33 U.S.C. paragraph 1319. (Penaltic existed in matter and in the city response of the possibility of fine and in the city response of the possibility of the elief true, accurate and complete. I am attendant of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of the possibility of the elief true, accurate and complete of the city response of th	COMPLIANCE / NONCOMPLIANCE * (check as appropriate) Compliance C

AME

DDRESS PO Box 175

Reedville

ACILITY 610 Menhaden Rd OCATION

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 30 01 07

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

BEAD BERMIT AND GENERAL INSTRUCTIONS

NOTE:	READ PERMIT AND GENERAL INSTRUC
NOIL.	BEFORE COMPLETING THIS FORM.

	1	OHANTIT		0.112		QUALITY OR CO			NO.	FREQUENCY OF	SAMPLE
PARAMETER	1		Y OR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
		AVERAGE	MAXIMUM		******	******	******		Ø	CONT	Est
001 FLOW	REPORTD	2.013	4.254	MGD			*****		-	CONT	EST
	REQRMNT	NL	NL	MGD	****	*****			10		1
002 PH	REPORTD	****	*****		7.29	******	8.30	SU	Ø	30/W	GRAB
302 PH	REQRMNT	****	******		6.0	*****	9.0	SU		3D/W	GRAB
	REPORTD	126.9	343.0	146/0	******	******	*****		Ø	30/W	24HC
003 BOD5		1700	3100	KG/D	*****	******	*****			3D/W	24HC
	REQRMNT			1/2/12	******	*****	******		Ø	30/W	24HC
004 TSS	REPORTD	196.2	768.1	116/0	****	****	*****		1	3D/W	24HC
25	REQRMNT	650	1600	KG/D				-	_	1	
005 CL2, TOTAL	REPORTD	******	*****		*****			Tra /v	-	- (DDV	CDAB
1	REQRMNT	*****	*******		******	580	1200	UG/L	1	1/DAY	GRAB
TOTAL TOTAL	REPORTD	8.47	*****	KG/D	******	0.59	*****	MG/L	Ø	1/W	24H
012 PHOSPHORUS, TOTAL (AS P) :	REQRMNT		*****	KG/D	*****	2.0	******	MG/L		1/W	24HC
FI ;			*****		*****	15	30	100-12	Ø	2/M	G-RAL
018 CYANIDE, TOTAL (AS	REPORTD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	****	96	110	UG/L		2/M	GRAB
CN)	REQRMNT	****	******		****	_F	13.7	MG/4	0	12/M	
	REPORTD	*****	*****		********	7.86		MG/L	- X	200	24HC
Can a manufacture of	REQRMNT	*****	******		*****	NL	NL	MG/ L		2/M	124110

				OPERATOR IN R	DAT				
BYPASSES AND	TOTAL	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	- 1 C H	M O C D M	1911004868	07	12	05
OVERFLOWS	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schull2 TYPED OR PRINTED NAME	SIGNATURE O	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	RVISION IN ACCORDANCE (WITH A SYSTEM DESIGNED ALUATE THE INFORMATION HO MANAGE THE SYSTEM OR PANATION. THE INFORMATION		ER OR AUTHORIZED AGENT	TELEPHONE			
THOSE PERSONS D	IRECTLY RESPONSIBLE	FOR GATHERING INC INFO	ACCURATE AND COMPLETE.			804-453-4211			
					SIGNATURE		YEAR	MO.	DAY
INCLUDING THE P	OSSIBILITY OF FINE	ND IMPRISONMENT FOR RE	OWING VIOLATIONS. SEE 1 e statutes may include n 6 months and 5 years.	TIPED OIL THINK 2	Robert V La Bruzzo		2007	lz	17

AME

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR TO 07/1 01

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

Reedville ACILITY 610 Menhaden Rd DCATION			=======	YEAR MO DAY TO 7 1/ 30) BEFORE COMPLETING THIS COMM				
8#5	1		FROM	071.7		QUALITY OR CO			NO. EX.	OF	SAMPLE TYPE
PARAMETER	1		QUANTITY OR LOADING		MINIMUM	AVERAGE	MAXIMUM	UNITS	L .	ANALYSIS	- The state of
		AVERAGE	MAXIMUM	UNITS	*******	1******	120 0	TC	10	11/0	IS.
080 TEMPERATURE, WATER	REPORTD	*****	******			*****	30,9	c	-	1/DAY	IS
(DEG. C)	REQRMNT	****	***		*****		******	<u> </u>	10	30/W	
500 OIL & GREASE	REPORTD	77.2	366	KG/D	******	******		-	0	3D/W	G-RAI
300 OID & CKEMBE	REQRMNT	370	680	KG/D	******	****	******	-	+	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	GYCAD
	REPORTD								-	*****	
	REQRMNT								+	-	
	REPORTD						-	4		*****	-
	REQRMNT					-	-		_		
	REPORTD						 	-	+	*****	1
	REQRMNT				ļ		1	-			1
	REPORTD				ļ	_				*****	1
	REGRMNT					4			-		
	REPORTD						-		-	*****	
15 344 4	REQRMNT	(4)					-			 	1
	REPORTE						-	-	+-	*****	
	REQRMNT	Г									

	OPERATOR IN RESPONSIBLE CHARGE		DATE	E	= 1
BYPASSES TOTAL TOTAL FLOW(M.G.) TOTAL BOD5(H		1911004868	07	12	Q5-
OVERFLOWS NONE DIVIS FOCUMENT AND ALL ATTACHMENTS WERE	Theodore Schull Vierce Signature	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE THE INFORM	TION AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS INTO	MATION	804.453.4211			
THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATASIAN SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMMITTING FALSE INFOR I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFOR INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. & 1001 AND 13 U.S.C. & 1319. (Penalties under these statutes may in times up to \$10,000 and/or maximum imprisonment of between 6 months and 5	TYPED OR PRINTED NAME SIGNATURE		2007	MO.	O7

AME

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 02 11 01 TO 09 11

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DATE

05

DAY

DAY

07

MO.

MO.

12

CILITY 610 Menhaden Rd CATION			FROM	YEAR MO DAY TO 37 // 30					NOTE: READ PERMIT AND GENERAL INSTRUCT		
a .s		FROM QUANTITY OR LOADING				QUALITY OR COL	NCENTRATION		NO. EX.	OF	SAMPLE TYPE
PARAMETER				UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EA.	ANALYSIS	
		AVERAGE	MAXIMUM		*****	******	*****		\$	CONT	MEA.
01 FLOW	REPORTD	0.118	0.205	MGD	****	******	*****		7	CONT	MEAS
	REQRMNT	NL	NL	MGD		*****	9 //	SU	10	12D/W	GRAI
002 PH	REPORTD	*****	*****		7.68.		8.66	SU	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2D/W	GRAB
	REQRMNT	*****	*****		6.0	*****	9.0	-	100		24H
	REPORTD	10.3	14.3	16/0	*****	****	*****		Ø		
003 BOD5	REQRMNT	470	840	KG/D	******	*****	******	ļ	1	2/M	24HC
	REPORTD	17.7	23.9	KG/D	*****	*****	******		Ø	11.	24HC
004 TSS	REQRMNT	160	410	KG/D	******	****	******	ļ.,,	1	2/M	+
		*****	******		*****	616	******	N/cmL	Ø	1/W	GRA
006 COLIFORM, FECAL	REPORTD	*****	******	-	******	NL	*****	N/CML		1/W	GRAB
	REQRMNT		*****	KG-/D	******	1.67	*****	MG/L	Ø	1/W	24/
012 PHOSPHORUS, TOTAL (AS	REPORTO			KG/D	*****	NL	******	MG/L		1/W	24HC
P)	REQRMNT		*****	KG/ D	*****	0.90	0.90	MG/L	10	12/M	24H
039 AMMONIA, AS N	REPORTD	*****	*****		******	38	45	MG/L		2/M	24HC
	REQRMNT	*****	*****				17.0	1	10	120/W	ITS
090 TEMPERATURE, WATER	REPORTO	******	*****		******	13.8		c	_~	2D/W	IS
080 TEMPERATURE, WATER	REQRMNT	******	*****		******	NL	NL			1207	10

OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL TOTAL FLOW(M.G.) BYPASSES 1911004868 07 **OCCURRENCES** AND **OVERFLOWS** YEAR CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 804-453-4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. YEAR I AM AHARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 Robert V La Bruzzo Robut V&a Bruzzo U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include 2007 fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

AME

DDRESS PO Box 175

Reedville

ACILITY 610 Menhaden Rd OCATION

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR FROM 07 // 01 TO 07 //

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(n. 190)	T	QUANT	ITY OR LOADING			QUALITY OR CO			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
		******	******	1	*****	1229	*****	N/CML	Ø	1/W	GRAB
140 ENTEROCOCCI	REPORTD				******	NL	*****	N/CML		1/W	GRAB
	REQRMNT	****	******	_	******	******	Z1.0	TU-A	Ø	1/3M	24 H
379 TOXICITY, FINAL,	REPORTD	*****	*****					TU-A	-	1/3M	24HC
ACUTE	REQRMNT	****	*****		******	******	14	10-4	1	1	
	REPORTD	2.98	3.88	16-/D	******	*****	******		Ø	2/M	GRAE
500 OIL & GREASE	REQRMNT	25	46	KG/D	******	*****	****		-	2/M	GRAB
	REPORTD								-		
	REQRMNT								 	*****	-
	REPORTD								-	*****	
	REQRMNT						ļ	-	-	 	-
	REPORTD								1	*****	1
	REQRMNT	-			ļ		 				
	REPORTD							-	+	*****	
	REQRMNT				1			-	1	1	1
	REPORTE								-	*****	
	REQRMNT									4	

				I OPERATOR IN S	ESPONSIBLE CHARGE		DAT	ſΈ	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		ON D SIB	1911004868	07	12	05
OVERFLOWS	NONE THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schultz TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	мо.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	RVISION IN ACCORDANCE	ALUATE THE INFORMATION	The sum of official	ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE	D ON MY INQUIRY OF T	HE PERSON OR PERSONS INFO	RMATION, THE INFORMATION			804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	LEUGE AND BELLEY ING.	TTING PALSE INFORMATION		SIGNATURE		YEAR	• мо.	DAY
INCLUDING THE P	OSSIBILITY OF PINE A	ND IMPRISONMENT FOR IL	NOMING VIOLATIONS. SEE 1 se statutes may include an 6 months and 5 years.	0	Robut VKa Briggo		2007	12	07

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road

Glen Allen

VA 23060

DATE

07

YEAR

YEAR

2007

12

MO.

MO.

12

05

DAY

DAY

07

CILITY 610 Menhaden Rd				YEAR M	O DAY YE	AR MO DAY 7 11 30		NOTE:	READ PERM BEFORE CO	IIT AND GENERAL II IMPLETING THIS FO	STRUCTION RM.
9	4,00		FROM	0711		QUALITY OR CO			NO.	FREQUENCY OF	SAMPLE TYPE
· CALLETED		QUANTITY OR LOADING		,			MAXIMUM	UNITS	EX.	ANALYSIS	/
ARAMETER		AVERAGE	MAXIMUM	UNITS.	MINIMUM	AVENAGE (******		1		
01 FLOW	REPORTD			<u> </u>	*******		******		-	CONT	EST
	REQRMNT	NL	NL	MGD		D*******					
02 PH	REPORTD	*****	*****	1	1 1	*****	9.0	su		2/M	GRAB
	REQRMNT	*****	******	1	6.0	1 *******	******		İ		
03 BOD5	REPORTD				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	******	******			2/M	24HC
	REQRMNT	4300	7700	KG/D	1 ******	*****	******	1			
DO4 TSS	REPORTD	A)	******	*****	******	1	_	2/M	24HC
	REQRMNT	110	280	KG/D	/	-	******				
007 DO	REPORTD	*****	4.4			NL	*****	MG/L	_	1/DAY	GRAB
	REQRMNT	******	****		NL	ND -	*****		_		
012 PHOSPHORUS, TOTAL (AS	REPORTD		*******	4	****	2.0	*****	MG/L		1/W	24HC
P)	REQRMNT	3.0	****	KG/D	*******						
039 AMMONIA, AS N	REPORTO	*****	*******			37	45	MG/L		2/M	24HC
•	REQRMNT	*****	****		*****	137	+	-	_		Ī
080 TEMPERATURE, WATER	REPORTE	*******	****		******		NL	c		1/DAY	IS
(DEG. C)	REQRMNT	******	******		******	NL	I NI			_1-/	

OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) TOTAL 1911004868 BYPASSES **OCCURRENCES** AND TheodoreSo **OVERFLOWS** CERTIFICATE NO. SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 804-453-4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 Robert Sa Bruggo U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include Robert V La Bruzzo times up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY YEAR МО 07 11 01 TO 02 11 30 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION 610 Menhaden Rd			FROM	07 11	01 70 0	2 11 30			1	IFREQUENCY	SAMPLE
8 M 255	1	CHANT	TY OR LOADING			QUALITY OR CO	NCENTRATION	11	NO. EX.	OF ANALYSIS	TYPE
ARAMETER	1 1		MAXIMUM -	UNITS	MINIMUM	CAVERAGE	MAXIMUM	UNITS		/	<u> </u>
	1	AVERAGE		1 1	*******	1		1			
12 COPPER, DISSOLVED	REPORTD	****	******	ļ	**************************************	NL	NL	UG/L		1/M	GRAB
JG/L AS CU)	REQRMNT	*****	******	1	********	******	*****				
00 OIL & GREASE	REPORTO			-	******	******	*****			2/M	GRAB
	REQRMNT	430	780	KG/O	/**/				1	1	
	REPORTD			D	/				_	*****	
*1	REQRMNT	1		1_/	<u> </u>		 		_		Ī
	REPORTD								-	*****	
	RECRMNT						-	-		1	1
	REPORTO	10					-		-	*****	
AS	REQRMNT										1
	REPORTD	1							-	*****	
	REQRMNT					_	-	+			
	REPORTD								-	*****	
	REQRMNT						-	-	_		i -
(A	REPORTE								-	*****	
	REQRMN										<u> </u>

				OREDATOR IN R	ESPONSIBLE CHARGE		DATE	E 	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		A A A A	1911004868	07	12	05
OVERFLOWS T	MONE	Ø MD MI	ATTACHMENTS WERE	11100001	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER M	Y DIRECTION OR SUPE	THIS DOCUMENT AND ALL RVISION IN ACCORDANCE PROPERLY GATHER AND EV	ALUATE THE INFORMATION	TYPED OR PRINTED NAME PRINCIPAL EXECUTIVE OFFICE		TELEPHONE			
SUBMITTED. BASED	ON MY INQUIRY OF T	HE PERSON OR CHIEF THE	RMATION. THE INFORMATION			804.453.4211			
SUBMITTED IS TO	THE BEST OF MY KNOW	DEDGE 74.5 TOT CURMI	TTING PALSE INFORMATION	the state of the s	SIGNATURE		YEAR	MO.	DAY
INCLUDING THE PO	OSSIBILITY OF FINE	my Introduction that	se statutes may include	COMP.	Robert V La Bruggo		2007	12	7
fines up to \$10	, DOO END/OF MEXIMUM			1, 10 000 1 0 000					

610 Menhaden Rd

ME

CILITY

CATION

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

YEAR MO DAY

VA0003867 995
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD

DAY

MO

YEAR

industriai iviajoi

0014414001

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TION				то				8	BEFORE COMPLETING THE TOTAL				
7 at 150			FROM		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE TYPE		
PARAMETER		QUANTI	TY OR LOADING		- LONDON IN		MAXIMUM	UNITS	EX.	ANALYSIS			
ANTICLET		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	******	·	Ø	CONT	FST		
001 FLOW	REPORTD	1.993	4.212	MG-D	******		*****	-	10	CONT	EST		
	REQRMNT	NL	NL	MGD	*****	****		1 611	0		GRAB.		
200 BH	REPORTD	****	******	27	7.96	******	2.29	SU	14		GRAB		
002 PH	REQRMNT	****	*****		6.0	*****	9.0	SU	100	5D/W	2440		
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	47	47	UG/L	Ø	1/1	1		
	REQRMNT	*****	******		*****	NL	NL	UG/L	+-	1/M	124HC		
	REPORTD	*****	*****		******	20.0	25.5	C	Ø	1/DAY			
080 TEMPERATURE, WATER (DEG. C)		****	*****		*******	NL	45	С		1/DAY	IS		
(DEG. C)	REQRMNT	•		-	*****	1.79	1.79	UG/L	0	1/M	24 HC		
186 SILVER, TOTAL	REPORTD	******	******				NL	UG/L	1	1/M	24HC		
RECOVERABLE	REQRMNT	******	*****		******	NL XX			0	1/19	GRAB		
448 ZINC, DISSOLVED (AS	REPORTD	******	******		*****	81	81	UG-/L	100	1/M	GRAB		
ZN) (UG/L)	REQRMNT	******	******		*****	NL	NL	100/15	+-	1 1/14	1		
	REPORTD						_			*****	1		
	REQRMNT						_	+					
	REPORTD								-	*****			
	REQRMNT										1		

				OBERATOR IN R	ESPONSIBLE CHARGE		DAT	E	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		4 4 1	191100 4868	07	12	05
OVERFLOWS	MONE PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS HERE	THEODORE SCAUTTE	SIGNATURE B	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	RVISION IN ACCOMBANCE	ALUATE THE INFORMATION		R OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE	D ON MY INQUIRY OF T	DOD CATUUDATHA THE INFO	RMATION, THE INFORMATION	I	F	804-453-4211			ļ
SUBMITTED IS TO	THE BEST OF MY KNOW	TLEDGE AND BESIDE SUBMI	TTING FALSE INFORMATION		SIGNATURE		YEAR	MO.	DAY
INCLUDING THE	POSSIBILITY OF FINE	WIND IMPRISONMENT TOR I	OWING VIOLATIONS. SEE 10 BEXTULES may include on 6 months and 5 years.	100	Lobut V La Bruggo		7007	12	07

OMEG	GA +			DMR	REPO	RTING
INOI	L. I. I. Tre			Co	ockrell C	reek
REEDV	LLE, VA					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	5-Nov-07	11:40	17.4	8.06	0.50	14.8
002	5-Nov-07	11:15	17.8	8.29	0.45	14.6
995	5-Nov-07	11:35	17.5	8.11	0.55	14.6

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.:	VA0003867			
Report Period: From	n <u>/////</u> To_	<u>11,41</u> 07		
Paint Area		COMPLIANCE / NOI (check as appr	NCOMPLIANCE * ropriate)	#1
/ <u></u>				
			-	
				9
· · · · · · · · · · · · · · · · · · ·			: : 	
*Comments on No	ncompliance			
Name of Principal	Exec. Officer or Au	REGULATORY uthorized Agent / Title		
supervision in acc evaluate the inform or those persons of my knowledge and submitting false in	ordance with a sys nation submitted. E lirectly responsible d belief true, accur formation, including	s document and all attacestem designed to assure Based on my inquiry of the for gathering the informate and complete. I am g the possibility of fine and paragraph 1319. (Penanment of between 6 morestern designations)	ne person or persons wation, the information state aware that there are and imprisonment for knowlettes under these statu	who manage the system ubmitted is to the best of significant penalties for owing violations. See 18

Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Address: Reedville, V		
VPDES Permit No.:	·VA0003867	
Report Period: From	1115107 To 11111107	
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
	V	
7.85		
()		
*Comments on None	compliance	
Name of Principal E	xec. Officer or Authorized Agent / Title	
I certify under penal supervision in accor evaluate the informa or those persons dir my knowledge and submitting false info	Ity of law that this document and all attachments were prepared under my direction redance with a system designed to assure that qualified personnel properly gather at ation submitted. Based on my inquiry of the person or persons who manage the system ectly responsible for gathering the information, the information submitted is to the best belief true, accurate and complete. I am aware that there are significant penalties formation, including the possibility of fine and imprisonment for knowing violations. See 3001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines maximum imprisonment of between 6 months and 5 years).	fo

Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.: VA0003867
Report Period: From 1111207 To 1111807
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
TED SCHULT 2 / REGULATORY COMPLIANCE Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **Publication of Principal Officer or Authorized Agent / Date** Signature of Principal Officer or Authorized Agent / Date**

	y Name: Omega Protein ss: Reedville, VA.			
VPDE	S Permit No.: VA0003867			
Repo	t Period: From ///১४/07 To	11130 07		
Pa	uint Area	COMPLIANCE / NO (check as appr	NCOMPLIANCE * ropriate)	P = 2
			1 R	
			1 (2003)	
			-	
:(:	
* <u>Cor</u>	nments on Noncompliance			
_/£	e of Principal Exec. Officer or Au	EGULATORY (uthorized Agent / Title	COMPLIANCE	<u>L</u>
l cer supe eval or th my l subi U.S to \$	tify under penalty of law that this ervision in accordance with a systuate the information submitted. Bose persons directly responsible for true, accuraniting false information, including C. paragraph 1001 and 33 U.S.C. 10,000 and or maximum imprisor	document and all attachtem designed to assure Based on my inquiry of the for gathering the informate and complete. I aming the possibility of fine and paragraph 1319. (Penalment of between 6 more	that qualified persons we person or persons we tion, the information such aware that there are sed imprisonment for knowlities under these statutheths and 5 years).	the property gather and tho manage the system ubmitted is to the best of significant penalties for owing violations. See 18
Sigr	nature of Principal Officer or Author	onzed Agent / Date		

RESS PO Box 175.

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 12 01 TO 07 12 31 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

LITY 610 Menhaden Rd		YEAR MO DAY TO 07 /2 3/			NOTE: READ PERMIT AND GENERAL INSTRUCTION BEFORE COMPLETING THIS FORM.						
	1	FROM			QUALITY OR CONCE				NO. EX.	OF	SAMPLE TYPE
RAMETER		QUANTITY OR LOADING		UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS	LA.	ANALYSIS	
		AVERAGE	MAXIMUM	-	******	*******	*****		Ø	CONT	EST
1 FLOW	REPORTD	1.610	3.456	MGD.		******	****		X	CONT	EST
	REQRMNT	NL	NL	MGD	******	*****	0 110	S 11	0	30/W	GRAB
2 PH	REPORTD	****	*****		7.81		8.47	SU	10	3D/W	GRAB
2 4 11	REQRMNT	****	******		6.0	*****	9.0	1 30	0	1	24HC
3 BOD5	REPORTD	259.0	510.2	176-1D	*****	*****			10	3D/W	24HC
3 8003	REQRMNT	1700	3100	KG/D	*******	******	****	-	100	1 ,	24/1/
	REPORTD	103.0	189.7	HG/D	*****	****			Ø	30/W	24HC
4 TSS	REQRMNT		1600	KG/D	*****	******	******	-	-	3D/W	7410
	REPORTD	*****	*****		*****	NR	NR			- /	GRAD
5 CL2, TOTAL	REQRMNT	*****	******		*****	580	1200	ng/r	1-	1/DAY	GRAB
	-		*****	ITG/D	*******	0-44	*****	MG-/L	Ø	1/W	24HC
12 PHOSPHORUS, TOTAL (AS	REQRMNT	0.00	*****	KG/D	******	2.0	*****	MG/L	1	1/W	24HC
			*****		******	KQL	LQL	UG-/L	0	2/M	GRAE
18 CYANIDE, TOTAL (AS	REPORTD		****		******	96	110	ng/r		2/M	GRAB
N)	REQRMNT				*****	0 14	0.14	MG/L	Ø	12/M	2440
39 AMMONIA, AS N	REPORTE	******	******			0 . 14	NL NL	MG/L	-	2/M	24HC
	REQRMNT	****	*****		******	lan	1				

				OBSERATOR IN PR	SPONSIBLE CHARGE		DAT	re	
OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)	Throdore Schultz	11010	1911004868 CERTIFICATE NO.	O8 YEAR	Ø /	O7 DAY
REPARED UNDER MY	DIRECTION OR SUPE	PROPERTY CATHER AND EV	ALUATE THE INFORMATION	TO STATE OF THE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE			
UBMITTED. BASED	ON MY INQUIRY OF T	THE PERSON OR FERSONS	RMATION, THE INFORMATION			804.453-4211			
UBMITTED IS TO T AM AWARE THAT T INCLUDING THE POS	THE BEST OF MY KNOW THERE ARE SIGNIFICA SSIBILITY OF FINE	ANT PENALTIES FOR SUBMI AND IMPRISONMENT FOR KN	ACCURATE AND COMPLETE, TTING FALSE INFORMATION, ONING VIOLATIONS. SEE 1 E statutes may include In 6 months and 5 years.	TYPED OR PRINTED NAME	CODULT Sa Brugo		VEAR OS	мо. 01	O7

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

Industrial	Major	08/22/2007
DEPT	. OF ENVIRO	NMENTAL QUALITY NAL OFFICE)

Piedmont Regional Office

ΜE

Omega Protein - Reedville

)ORESS PO Box 175 Reedville

VA 22539

.CILITY 610 Menhaden Rd

 VA0003867
 001

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
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 DAY

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 TO
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Glen Allen

4949-A Cox Road

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(A)			FROM	07 12 01 TO 07 12 31 QUALITY OR CONCENTRATION			NO. EX.	OF OF	SAMPLE TYPE		
PARAMETER			ITY OR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	******	*****	28.4	C	10	1/Day	IS
080 TEMPERATURE, WATER	REPORTD	****	******			****	50	c	-	1/DAY	IS
(DEG. C)	REQRMNT	****	****		******	******	******	+	0		GRAB
00 OIL & GREASE	REPORTD	38.6	65.4	17G/D	*****		*****		1	3D/W	GRAB
	REQRMNT	370	680	KG/D	******	*****	******	+	+	1 3 5 7 11	i cidib
	REPORTD								+	*****	
	REQRMNT						ļ	 	+	1	
	REPORTD						-	-		*****	
	REQRMNT				ļ	-		+	-		
	REPORTD						-	-		*****	
	REQRMNT							-	-		Ì
	REPORTD						-	+	_	*****	
	REQRMNT								-	1	
	REPORTD							-	-	*****	+
	REQRMNT								+		1
	REPORTD						-	-	-	****	1
	REQRMNT										

				OPERATOR IN E	RESPONSIBLE CHARGE		DAT	ſΈ	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	J C 1 14-		1911004868	08	01	07
OVERFLOWS	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Throdose Schull 2 TYPED OR PRINTED NAME	SIGNATURE 0	CERTIFICATE NO.	YEAR	мо.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	PROPERTY GATHER AND EV	ALUATE THE INFORMATION	THE PARTY OF THE	ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE	D ON MY INQUIRY OF T	HE PERSON OR PERSONS IN	RMATION, THE INFORMATION			804-453.4211			
SUBMITTED IS TO I AM AHARE THAT INCLUDING THE P	O THE BEST OF MY KNOW THERE ARE SIGNIFICA POSSIBILITY OF FINE A	INT PENALTIES FOR SUBMI	TTING PALSE INFORMATION, OWING VIOLATIONS, SEE 1	TYPED OR PRINTED NAME	SIGNATURE Robert Fabriggo		year 68	мо. 0/	DAY D7

AME

ODRESS PO Box 175

Reedville

ACILITY 610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

> VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR DAY MO 07 12 01 10 07 12 31

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12.3%	1	OUANTI	TY OR LOADING	1071		QUALITY OR COI			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	}	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALIGIS	
			- HOUSE SEE		*****	*****	*******		0	cont	Meas
O1 FLOW	REPORTD	0.148	0.201	MGD	*****	******	****	-		CONT	MEAS
	REQRMNT	NL	NL	MGD		*****	10 115	1 = 11	d		GRAE
02 PH	REPORTD	****	******		8.25	******	8.42	50	Ø		-
02 FI)	REQRMNT	******	*****		6.0	****	9.0	SU		2D/W	GRAB
	REPORTD	12.7	15.9	146/D	******	******	****		Ø	2/M	2440
03 BOD5			B40	KG/D	*****	******	*****			2/M	24HC
	REQRMNT	470		+	******	*****	*****		Ø	2/M	24/10
004 TSS	REPORTD	16.5	22.3	KG/D	******	*****	*****			2/M	24HC
	REQRMNT	160	410	KG/D	*****	100	*******	N/cmL	Ø	1/W	GRA
006 COLIFORM, FECAL	REPORTO	******	*****		*******	100			10		GRAB
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REQRMNT	*****	*******		*****	NL	*****	N/CML		1/W	
TOTAL TOTAL INC	REPORTD	0.70	******	KG/D	*****	0.95	*****	MG/L	Ø	1/W	244
012 PHOSPHORUS, TOTAL (ASP)	REQRMNT		******	KG/D	******	NL	*******	MG/L		1/W	24HC
		1	*****		******	2.60	4.93	MG-/L	Ø	2/M	2440
039 AMMONIA, AS N	REPORTD			-	******	38	45	MG/L		2/M	24HC
	REQRMNT	******	*****		*******		11.3.	10	10	2D/W	IIS
080 TEMPERATURE, WATER	REPORTD	*****	******		********	8.7		c	12	2D/W	IS
(DEG. C)	REQRMNT	******	*****		*****	NL	NT	1		2D/ W	115

				OPERATOR IN RE	SPONSIBLE CHARGE		DA*	TE	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		715/17	1911004868	08	01	07
OVERFLOWS	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS HERE	Theodore Schultz 1	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	HY DIRECTION OR SUPE	RVISION IN ACCORDANCE OF	ALUATE THE INFORMATION		R OR AUTHORIZED AGENT	TELEPHONE			,
			HO MANAGE THE SYSTEM OR RMATION, THE INFORMATION ACCURATE AND COMPLETE. TILING FALSE INFORMATION.	·		804.453.4211			
I AM AWARE THAT INCLUDING THE P	THERE ARE SIGNIFICE POSSIBILITY OF FINE A	NT PENALTIES FOR SUBMI	TTING FALSE INFORMATION OWING VIOLATIONS. SEE 1 of statutes may include in 6 months and 5 years.	TYPED OR PRINTED NAME	Pobect Libry		VEAR OS	мо. О/	DAY

610 Menhaden Rd

AME

ACILITY

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 002

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
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 DAY
 YEAR
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Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

140	T 1		FROM	07110	TO 0	QUALITY OR CO	NCENTRATION		NO. EX.	OF	SAMPLE TYPE
PARAMETER	11 1	QUANTI	TY OR LOADING	10.070	MINIMUM	AVERAGE	MAXIMUM	UNITS	EA.	ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	*****	1119	*****	N/cmL	Ø	1/W	GRAB
40 ENTEROCOCCI	REPORTD	*****	*****				*****	N/CML	<u>v</u>	1/W	GRAB
	REQRMNT	****	******		*****	NL		1.7,	-	-/	
379 TOXICITY, FINAL,	REPORTD	***	*****		****	*****			-	2 /2 M	24HC
ACUTE	REQRMNT	*****	*****		*****	*****	14	TU-A	-	1/3M	
	REPORTD	3.69	3.80	KG/D	*****	******	*******		Ø		GRAE
500 OIL & GREASE		25	46	KG/D	*****	*****	*****		ļ	2/M	GRAB
	REQRMNT	23		-	1						
	REPORTD									*****	
	REQRMNT					+		1			
	REPORTD				ļ					*****	
	REQRMNT				ļ	-	-	1	1		
	REPORTD								_	*****	
	REQRMNT			4			-	+	+	1	
	REPORTD	E							+-	*****	
	REQRMNT				-		-	4	-	1	i
	REPORTD								+	*****	
	REQRMNT										

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL TOTAL FLOW(M.G.) BYPASSES 07 08 1911004868 0 **OCCURRENCES** AND **OVERFLOWS** MO. DAY YEAR CERTIFICATE NO. SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 204.453.4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. MO. DAY I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, YEAR SIGNATURE INCLUDING THE FOSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME 07 01 08 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include Robert V LaBruzzo (ines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

610 Menhaden Rd

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ACILITY

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

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VAC	003B	67	7	003		
PERM	IT NUN	BER		ISCHAR	GE NU	MBER
		MON	TORI	NG PERI	OD	
YEAR	МО	DAY		YEAR	МО	DAY
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Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

n			FROM	07 12		クル31 QUALITY OR COI	NCENTRATION		NO. EX.	OF	SAMPLE TYPE
ABAUSTED	4	QUANTIT	Y OR LOADING			AVERAGE	MAXIMUM	UNITS	7 67.	ANALYSIS	
ARAMETER		AVERAGE	MAXIMUM	UNITS.	MINIMUM	*******	*****	-			
01 FLOW	REPORTD				****	*****	*****	-	+	CONT	EST
	REQRMNT	NL	NL	MGD	*****	********		<u> </u>	+	1	
02 PH	REPORTD	****	****		1	1163 07	9.0	SU	-	2/M	GRAB
	REQRMNT	*****	*****		6.0		******	-	+-	127.1	
003 BOD5	REPORTD					******	******		+-	2/M	24HC
	REQRMNT	4300	7700	KG/D C	********	*****	******	-	7	1	
004 TSS	REPORTD			1/1		*****	******	-		2/M	24HC
	REQRMNT			/kg/p		1	*****	+	_		
007 DO	REPORTD	******	(3)			NL	*****	MG/L	+	1/DAY	GRAB
	REQRMNT	****	******	-	NL	MD	*****	+	+		
012 PHOSPHORUS, TOTAL (AS	REPORTO		******			2.0	******	MG/L	_	1/W	24HC
P)	REQRMNT	3.0	******	KG/D	****	12.0		+	-		
039 AMMONIA, AS N	REPORTE	*******	*****		*****			NO /1		- /M	24HC
039 MMONTW' NO H	REQRMN		*****		******	37	45	MG/L		2/M	121110
080 TEMPERATURE, WATER	REPORT	1	*****		*****			c		1/DAY	IS
(DEG. C)	REQRMN	T *******	****		******	NL	NL			11/0111	

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL TOTAL FLOW(M.G.) 07 08 **BYPASSES** O 911004868 OCCURRENCES AND **OVERFLOWS** MO. DAY CERTIFICATE NO. YEAR I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 804.453.4211 SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. DAY I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, YEAR MO. SIGNATURE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME 07 U.S.C. & 1001 AND 33 U.S.C. & 1319. {Penalties under these statutes may include 08 fines up to \$10.000 and/or maximum imprisonment of between 6 months and 5 years.)

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DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 02 12 01 10 07 12 31 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

96 300c <u>— </u>				07/10		QUALITY OR CO	NCENTRATION	ä	NO.	FREQUENCY OF	SAMPLE TYPE
		QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MANAGAN		1		
42 COPPER, DISSOLVED	REPORTD	*****	*****		*****		NL	UG/L	-	1/M	GRAB
UG/L AS CU)	REQRMNT	*****	******		******	NL	Ø******		+		
00 OIL & GREASE	REPORTD				1	*****	******	+	+-	2/M	GRAB
••	REQRMNT	430	780	KG/D	****	1 1	-		1	1	
	REPORTD				1	or o			+	*****	
	REQRMNT				K-1		f	-	1		
	REPORTD			IS		4		+	+	*****	
	REQRMNT			111							
	REPORTD				1		-	+	_	*****	
9	REQRMNT	TILC		1_	-		 		\top		
	REPORTD	11100			-					*****	
	REQRMNT				-		-				
	REPORTE									*****	
	REQRMNT				+	+	1				
	REPORT						-			*****	
	REQRMN	П				4					

				OPERATOR IN I	RESPONSIBLE CHARGE		DAT	E	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)		ITT I CITY	1911004868	08		07
OVERFLOWS	PENALTY OF LAW THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schutt2 TYPED OR PRINTED NAME	SIGNATURE 6	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	CATURE AND EV	ALUATE THE INFORMATION	- THE STATE OF ELC	ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED, BASE	D ON MY INQUIRY OF T	HE PERSON ON THE INFO	RMATION, THE INFORMATION			804.453.4211			
SUBMITTED IS TO I AM AWARE THAT INCLUDING THE E	THE BEST OF MY KNOW THERE ARE SIGNIFICA OSSIBILITY OF FINE A	NT PENALTIES FOR SUBMI	TTING FALSE INFORMATION, OWING VIOLATIONS. SEE 1	TYPED OR PRINTED NAME	SIGNATURE		VEAR O8	Ol	o7

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DRESS PO Box 175

Reedville

610 Menhaden Rd

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY YEAR MO 07 12 01 TO 07 12 31

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DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION 610 Menhaden Rd				YEAR M	TO O	7 12 31		NOTE.	BEFORE CC	MPLETING THIS FO	MM.
. a	1			<u>U/110</u>		QUALITY OR CO	NCENTRATION		NO. EX.	OF	SAMPLE TYPE
PARAMETER		QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	7 = ^.	ANALYSIS	LE UTINE
PARAMETER	Ī	AVERAGE	MAXIMUM	UNITS	MINIMUM	******	******		10	CONT	EST
001 FLOW	REPORTD	3.422	3.422	MGD	******		*****		18	CONT	EST
101 FDM	REQRMNT		NL	MGD	*****	******		1 211	Ø		G-RAB
	REPORTD	******	******	+	8.30	*****	8.30	SU	18		GRAB
002 PH	REQRMNT	****	*****		6.0	*****	9.0	SU		5D/W	
		****	*****	1	****	55	55	UG/L	8	1/M	24 HC
019 COPPER, TOTAL (AS CU)	REPORTD		*****	+	*****	NL	NL	UG/L		1/M	24HC
80 TEMPERATURE, WATER	REQRMNT	*******		+	******	17.9	17.9	TC.	Ø	1/DAY	#S
	REPORTD	****	*****		****	NL NL	45	С		1/DAY	IS
(DEG. C)	REQRMNT	*****	*****					1150/1	d		24140
- CONTRACT OF THE CONTRACT OF	REPORTD	*****	****		******	18.7	18.7	UG/L	Ø		24HC
186 SILVER, TOTAL RECOVERABLE	REQRMNT	******	*****		*****	NL	NL	UG/L	+-	1/M	-
		*****	******		****	12QL	1 4 QL	NG/L	Ø	1/M	GRA
448 ZINC, DISSOLVED (AS	REPORTD		*****	-	*****	NL	NL	UG/L		1/M	GRAB
2N) (UG/L)	REQRMNT	*****			+						
	REPORTD									*****	
No.	REQRMNT										
	REPORTE						+		-	*****	
	REQRMNT	Г					<u> </u>		_		
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				OBERATOR IN E	RESPONSIBLE CHARGE		DAT	ΓE	
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.) THIS DOCUMENT AND ALL THIS COCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schultz	1 1 11	191100486P CERTIFICATE NO.	OP YEAR	Ø/ MO.	0.7 DAY
PREPARED UNDER	MY DIRECTION OR SUPE	PROPERLY CATHER AND EV.	ALUATE THE INFORMATION	THE PLEASE OF SELECT	Very and the second	TELEPHONE			
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SUBMITTED IS TO I AM AWARE THAT INCLUDING THE	O THE BEST OF MY KNOW T THERE ARE SIGNIFIC! POSSIBILITY OF FINE !	ANT PENALTIES FOR SUBMI	TTING FALSE INFORMATION,	TYPED OR PRINTED NAME	SIGNATURE Pobert V La Bruggs	,	YEAR 08	мо. О (DAY O7

OMEG	GA EIN				-1. 2.5411	RTING
				Co	ockrell C	reek
REEDV	ILLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	6-Dec-07	7:50	9.6	8.42	<.10	15.1
002	6-Dec-07	7:45	6.8	8.54	0.13	15.1
995	6-Dec-07	7:55	7.2	8.49	0.82	15.4

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
1														
2														
3														
4														
5	1400	4.6	8.84	<.10	7.3	8.24	17	1430	2.8	9.76	0.263	7.2	8.38	16.8
6														
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2	2										-	-		
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2	26							1	-	-			-	1
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	28											-	-	
	29									-	-	-	+	-
	30									-	-	-	-	-
	31									J	1			لــــــــــــــــــــــــــــــــــــــ

Name of Vessel_	John S. Dempster
Name of Sample	Andy Hall

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	AMM (mg/L)	Temp C	pH (SU)	Salinity ppt
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2														
3														
4														
5	1410	<2	8.8	0.204	7.38	8.4	16.5	1500	2.5	9.8	<.10	7.40	8.40	16.7
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Name of Vessel_Reedville_

Name of Sampler ____Andy Hall___

	acility Name: Omega Protein Address: Reedville, VA.
١	/PDES Permit No.: VA0003867
1	Report Period: From 12/01/07 To 12/09/07
	Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
,	
,	
	*Comments on Noncompliance
	Theodore Schultz/Regulatory Compliance Coord. Name of Principal Exec. Officer or Authorized Agent / Title
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
	Signature of Principal Officer or Authorized Agent / Date
	Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 12/10/07 To 12/16/07
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Regulatory Compliance Coord. Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.	
VPDES Permit No.: VA0003867	
Report Period: From 12/17/07 To 12/23/07	
Paint Area COMPLIANCE (check	/ NONCOMPLIANCE * as appropriate)
*Comments on Noncompliance	
Theodore Schultz/Regulator Name of Principal Exec. Officer or Authorized Agent	Title Compliance Coord.
I certify under penalty of law that this document and supervision in accordance with a system designed to evaluate the information submitted. Based on my inq or those persons directly responsible for gathering the my knowledge and belief true, accurate and complete the process of the proces	all attachments were prepared under my direction or assure that qualified personnel properly gather and uity of the person or persons who manage the system information, the information submitted is to the best of the lam aware that there are significant penalties for fine and imprisonment for knowing violations. See 18 9. (Penalties under these statutes may include fines upen 6 months and 5 years):

AME

DDRESS PO Box 175.

Reedville

Omega Protein - Reedville

VA 22539

REPORTO

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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY PDES)

MONITORING PERIOD

ATIONAL POLLUTANT DISCHA DISCHARGE MONI	RGE ELIMINATION SYSTEM(NET TORING REPORT(DMR)
VA0003867	001
PERMIT NUMBER	DISCHARGE NUMBER

08/22/2007 Industrial Major

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

110

NL

MG/L

UG/L

MG/L

VA 23060

SAMPLE TYPE

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GRAB

24HC

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GRAB

24HC

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ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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018 CYANIDE, TOTAL (AS

039 AMMONIA, AS N

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	OPERATOR IN RESPONSIBLE CHARGE								DATE				
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		THE CARE	1911004868	80	01	31				
OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	THE SPRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY				
PREPARED UNDER 1	MY DIRECTION OR SUP	SKVISION IN ACCOUNTS	ALUATE THE INFORMATION	- OFFIC	FR OR AUTHORIZED AGENT	TELEPHONE							
SUBMITTED, BASE	ON MY INQUIRY OF '	THE PERSON OR PERSONS A	RMATION, THE INFORMATION		Robert Ja Brogno		08	02	03				
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U.S.C. & 1001 A fines up to \$10	ND 33 U.S.C. E 1319 ,000 and/or maximum	imprisonment of betwee	n 6 months and 5 years.)			l		1				

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610 Menhaden Rd

IAME

ACILITY

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA S) Ν

COMMONWEALTH OF VIRGINI DEPARTMENT OF ENVIRONMENTAL ATIONAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DM	YSTEM(NPDE

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		MONI	TORI	NG PERI	OD	
YEAR	МО	DAY		YEAR	МО	DAY
 OX	al	01	то	08	01	31

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION 610 Menhaden Rd			FROM	0810	101 70 0	QUALITY OR CO			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ANALTSIS	
PARAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	******		1			
080 TEMPERATURE, WATER	REPORTD	****	******			C*******	50	C		1/DAY	IS
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ADDITIONAL PERMIT REQUIREMENTS	OR COMMENTS				OPERATOR IN R					DA"	ſΕ

OPERATOR IN RESPONSIBLE CHARGE 31 TOTAL BOD5(K.G.) 08 11004868 TOTAL FLOW(M.G.) TOTAL BYPASSES OCCURRENCES DAY MO. YEAR AND Theodore CERTIFICATE NO. **OVERFLOWS** SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TELEPHONE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION DZ 04 SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION LaBruzzo SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. DAY MO. YEAR I AM AHARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION. 804.453-4211 SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include (ines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

610 Menhaden Rd

NAME

FACILITY

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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ARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	*******	*****		1		
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004 TSS	REPORTD	1	1	KG/D	****	****	****			2/M	24HC
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006 COLIFORM, FECAL	REPORTD		*******	-	*****	NL	******	N/CML		1/W	GRAB
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012 PHOSPHORUS, TOTAL (AS	REPORTD		*****		*****	NL	******	MG/L		1/W -	24HC
P)	REQRMNT		*****	KG/D	*****	+		İ			
039 AMMONIA, AS N	REPORTD	****	******		****	3 8	45	MG/L		2/M	24HC
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I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDUITY OF THE PERSON OR PERSONS HID MANAGE THE SYSTEM OR SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE U.S.C. 4 1001 AND 33 U.S.C. 6 1319. [Penalties under these statutes may include times up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.]

TOTAL

OCCURRENCES

BYPASSES

AND

TOTAL FLOW(M.G.)

TOTAL BOD5(K.G.)

DATE OPERATOR IN RESPONSIBLE CHARGE 3 1911004868 08 01 Theodore Schultz MO. DAY YEAR CERTIFICATE NO. SIGNATURE TYPED OR PRINTED NAME TELEPHONE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 02 OS Robert Via Bruzzo DAY MO. 204-453-421 YEAR SIGNATURE TYPED OR PRINTED NAME

NAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY YEAR MO 08

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARAMETER		OF ANALYSIS	NO.		NCENTRATION	08 0/ 0/ TO 08 0/ 3/				FROM				
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ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS	DATE	I DA	-										OR COMMENTS	ADDITIONAL PERMIT REQUIREMENTS

OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBHITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 13 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

	CORONGIAL E CHARGE		DAT	E	
	ESPONSIBLE CHARGE	1911004860	08	01	31
Theodore Schultz	SIGNATURE	CERTIFICATE NO.	YEAR	мо.	DAY
TYPED OR PRINTED NAME		TELEPHONE			
PRINCIPAL EXECUTIVE OFFICE	RUR AUTHORITIES		08	02	04
Robert V La Bruzzo TYPED OR PRINTED NAME	Robert Ha Bruggo SIGNATURE	804.453.4211	YEAR	· MO.	DAY

NAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR TO 08 01 31 0801 01

DISCHARGE MONITORING REPORT(DMR)

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CATION			FROM 080101 TO 08 01 31		1	FREQUENCY	SAMPLE				
J. 1800			Y OR LOADING		C	QUALITY OR CO	NCENTRATION		NO. EX.	OF ANALYSIS	TYPE
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001 FLOW	REPORTD				*****	******	******			CONT	EST
	REQRMNT	NL	NL	MGD	********						
002 PH	REPORTD	*****	*****			1	9.0	su	1	2/M	GRAB
102 FR	REQRMNT	****	*****		6.0	1)	******	 	+		
2005	REPORTD					*3/*****	****		-	2/M	24HC
003 BOD5	REQRMNT	4300	7700	KG/D	V*******	******	******	-			İ
	REPORTD				******		*****		-	2/M	24HC
04 TSS	REQRMNT	110	280	KG/D	******	*****	*******	+			i
	REPORTD	**/****	*****	1/				MG/L	-	1/DAY	GRAB
007 DO	REQRMNT		******		NL	NL	****	MG/L		IJDAI	
			*****		******		*****		_	1. //2	24HC
012 PHOSPHORUS, TOTAL (AS	REPORTD		******	KG/D	*****	2.0	*****	MG/L		1/W	ZARC
P)	REQRMNT		*****	+	*****				-		0.4110
039 AMMONIA, AS N	REPORTD	/	****	_	*****	37	45	MG/L		2/M	24HC
	REQRMNT				*****						
080 TEMPERATURE, WATER	REPORTE	*****	*****		*****	NL	NL	С		1/DAY	IS
(DEG. C)	REQRMNT	*****	******								

	OPERATOR IN RESPONSIBLE CHARGE	2711		
		08	01	3/
OVERFLOWS NONE Theodore	OCHUITZ VICEOUS CERTIFICATE NO.	YEAR	мо.	DAY
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL HITH A SYSTEM DESIGNED TYPED OR PR REPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TYPED OR PR	XECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE		_	
TO ASSURE THAT QUALIFIED PERSONAL THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR PRINCIPAL LY	10000	08	05	08
THOSE PERSONS DIRECTLY RESPONSIBLE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. LAM ANARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, THE JUDICIAN THE POSSIBILITY OF PINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR P.	RINTED NAME SIGNATURE 804.453.4211	YEAR	мо.	DAY
U.S.C. & 1001 AND 31 U.S.C. & 1319. (Renalties Under these sends and 5 years.) fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				

JAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 01 0801 TO

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

v #/308		-U812-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	FROM	0801		20131	VICENTE ATION		NO.	FREQUENCY	SAMPLE
		QUANTI	Y OR LOADING			QUALITY OR CO		UNITS	EX.	ANALYSIS	TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	T ONTS	-		
442 COPPER, DISSOLVED	REPORTD	*****	*****		******		ONL ONL	UG/L	+	1/M	GRAB
(UG/L AS CU)	REQRMNT	****	****		******		*******		+		
500 OIL & GREASE	REPORTD				1	*******	1		_	2/M	GRAB
	REQRMNT	430	780	KG/D	******				1	1	
	REPORTD				5			-		*****	
	REQRMNT			111	+	1		1	i		
	REPORTD							 		*****	
	REQRMNT		7)				+				
	REPORTD		1	1			-			*****	
	REQRMNT				-	_					
	REPORTD		1				-			*****	
	REQRMNT				-		+				
	REPORTD			_						*****	
	REQRMNT			_			+				
	REPORTO									*****	
	REQRMN	r									

					ESPONSIBLE CHARGE		DAT	E	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)		1 11/	1911004868	08	01	31
AND OVERFLOWS	None	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodere Schultz TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SOFE	THE PARTY AND PARTY	ALUATE THE INFORMATION	- CELCI	ER OR AUTHORIZED AGENT	TELEPHONE	l		
TO ASSURE THAT	QUALIFIED PERSONNED OD ON MY INQUIRY OF	THE PERSON OR PERSONS W	HO MANAGE THE SYSTEM OR PMATION. THE INPORMATION	PRINCIPAL EXECUTIVE D.	1 0 cl. 0. 0.	172	08	02	04
THOSE PERSONS C SUBMITTED IS TO I AM AWARE THAT INCLUDING THE	UMMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS IN THE INFORMATION THE INFORMATION THE INFORMATION THE INFORMATION THE INFORMATION THE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION WHICH IS TO THE BEST OF MY KNOWLEDGE AND BELIFF TRUE, ACCURATE AND COMPLETE. WHITTEN INFORMATION IN AN MARKE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION IN AN MARKE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS AND INCLUDE THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING WALLES AND INCLUDE THE POSSIBILITY OF FINE AND IMPRISONMENT OF DETAILS AND INCLUDE THE POSSIBILITY OF FINE AND IMPRISONMENT OF DETAILS AND INCLUDED THE POSSIBILITY OF			TYPED OR PRINTED NAME	SIGNATURE	804.453.4211	YEAR	MO.	DAY
U.S.C. & 1001 (NND 31 U.S.C. & 1312 0,000 and/or maximum	imprisonment of between	en 6 months and 5 years.		l				

1AME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

. 3 140	FROM			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE TYPE	
PARAMETER	V	QUANTITY OR LOADING				AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	
ANAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVENAGE	*****	1			
001 FLOW	REPORTD	X				******	******		-	CONT	EST
	REQRMNT	NL	NL	MGD	******	1	2	 	+	+	17-20-2
002 PH	REPORTD	*****	*****	+			9.0	su		5D/W	GRAB
	REQRMNT	***	*****		6.0	dc******	9.0	-	+	100/11	
019 COPPER, TOTAL (AS CU)	REPORTD	****	*******	\rightarrow	*****		<u> </u>	UG/L		1/M	24HC
or correct to	REQRMNT	****	******	1)1	******	NL	NL	1 00/1	-	1 1/14	
080 TEMPERATURE, WATER	REPORTD	*****	******	1	*****		45	c	-	1/DAY	IS
DEG. C)	REQRMNT	*****	(**)*****		******	NL	**		+-		1
186 SILVER, TOTAL	REPORTD	****	*******		*****	4		UG/L	-	1/M	24HC
RECOVERABLE	REQRMNT	****	******		****	NL	NL	100/2	+-	1	1
448 ZINC, DISSOLVED (AS	REPORTD	******	******		*****			UG/L		1/M	GRAB
ZN) (UG/L)	REQRMNT	*****	******		****	NL	NL	100/1	-	1 1/11	1
	REPORTD						1	-	_	*****	
li e	REQRMNT					_			+-		
	REPORTO								+	*****	
	REQRMNT										1

ADDITIONAL 1 21				ODERATOR IN R	ESPONSIBLE CHARGE		DAT	Έ	
BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	Theodore Schultz	- 1 - 1 /1	1911004868 CERTIFICATE NO.	OP YEAR	0 / Mo.	BAY DAY
PREPARED UNDER TO ASSURE THAT	MY DIRECTION OR SUP-	PROFERED DO DEBEONS W	VALUATE THE INFORMATION OF THE MANAGE THE SYSTEM OR	PRINCIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AGENT	TELEPHONE	08	02	04
THOSE PERSONS DE SUBMITTED IS TO I AM AWARE THAT INCLUDING THE I	DIRECTLY RESPONSIBLE THE BEST OF MY KNOW THERE ARE SIGNIFIC POSSIBILITY OF FINE	WLEDGE AND BELIEF TRUE, ANT PENALTIES FOR SUBMI AND IMPRISONMENT FOR XI	ACCURATE AND COMPLETE. ITTING FALSE INFORMATION, NOWING VIOLATIONS, SEE 14 OF STRIVES MAY INClude	TYPED OR PRINTED NAME	Pobut V Pa Brugo SIGNATURE	804.453.4211	YEAR	MO.	DAY
U.S.C. & 1001 fines up to \$1	ND 33 U.S.C. & 1319 0,000 and/or maximum	imprisonment of between	se statutes may include en 6 months and 5 years.						

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.: VA0003867
1 10.02
Report Period: From 1 114 108 To 1 20 108
Nepolitioned: 1.124
Paint Area COMPLIANCE / NONCOMPLIANCE *
Paint Area (check as appropriate)
N N
*Comments on Noncompliance
*Comments on Noncomplication
Theodore Schultz - Regulatory Compliance Name of Principal Exec. Officer or Authorized Agent / Title
-1 1 51 to - Regulatory Compliance
/ heodore Ochur Anthorized Agent / Title
Name of Principal Exec. Officer or Authorized Agent?
· · · · · · · · · · · · · · · · · · ·
I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or I certified personnel property at the system.
I certify under penalty of law that this document and all attachments were prepared under the supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that the system of the person of th
supervision in accordance. Based on my inquiry of the person or persons who intend is to the best of
evaluate the information submitted. Based on my inquiry of the person of persons who make a evaluate the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information. It is not person or persons who make a person of person of persons who make a person of persons who person of persons who person of persons who person of persons who person of person of persons who person of persons who person of persons who pers
the position of the control of the c
submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up submitting false information, including the possibility of fine and imprisonment for knowing violations up up submitting false information, including the possibility of fine and imprisonment for knowing violations up up up up to the possibility of fine and imprisonment of possibility of fine and imprisonment of between 6 months and 5 years).
U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (retailed and 5 years)
U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (if entances and 5 years), to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
10 \$10,000 and of a company of the c
Fobult JaBurno - Jewral Managu 2/04/08 Signature of Principal Officer or Authorized Agent / Date
Date Authorized Agent / Date
Signature of Principal Officer of Additional Principal Officer
1000

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 1 P1/08 To 1 127/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore A Schultz - Regulatory Compliance Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Pro Address: Reedville, VA.	otein 22
11 220 1 01111111	40003867
Report Period: From 1	123/02 To 1/31/08
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
-	
-	
1	
*Comments on Noncom	#####################################
Theodore So.	Lultz - Regulatory Compliance. Officer or Authorized Agent / Title
I certify under penalty of supervision in accordant evaluate the information or those persons directly my knowledge and belies ubmitting false informations. C. paragraph 1001 to \$10,000 and or maxing the submitting false information of the supervision of the s	f law that this document and all attachments were prepared under my direction or ace with a system designed to assure that qualified personnel properly gather and submitted. Based on my inquiry of the person or persons who manage the system of responsible for gathering the information, the information submitted is to the best of true, accurate and complete. I am aware that there are significant penalties for attion, including the possibility of fine and imprisonment for knowing violations. See 18 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up mum imprisonment of between 6 months and 5 years).

NAME

ADDRESS PO Box 175

Reedville

FACILITY 610 Menhaden Rd LOCATION

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
 001

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY

 O 8
 O 2
 O 1

 TO
 O 8
 O 2
 O 3

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	1	OLIANTIT	Y OR LOADING			QUALITY OR COI			NO. EX.	OF	SAMPLE TYPE
PARAMETER	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS]	ANALYSIS	
_	REPORTD				******	*****	******				
001 FLOW				MGD	******	*****	2000			CONT	EST
	REQRMNT	NL	NL	HGD	1 1	1	-61		1	1	
002 PH	REPORTD	*****	*****			0.1	- A			20/11	CDAD
	REQRMNT	*****	*****		6.0	1000	9 0	su	-	3D/W	GRAB
003 BOD5	REPORTD				*****	******	******				
במסם 2010	REQRMNT	1700	3100	KG/P			****			3D/W	24HC
	REPORTD			1	1 *******	*****	****				
004 TSS	REQRMNT		1600	KG/D	.,	*****	******			3D/W	24HC
	REPORTD		******		******						
005 CL2, TOTAL			********		******	580	1200	UG/L		1/DAY	GRAB
1	REQRMNT	 			******	-	*****				
012 PHOSPHORUS, TOTAL (AS	REPORTD	V	*******				******	MG/L		1/W	24HC
P)	REQRMNT	23	******	KG/D	***	2.0	1	MG/D	-	1 1 / W	1 24110
018 CYANIDE, TOTAL (AS	REPORTD	*******	******		******						
CN)	REQRMNT	******	*****		******	96	110	UG/L		2/M	GRAB
JN)	-	******	*******	1	******						
039 AMMONIA, AS N	REPORTD				******	NL	NL	MG/L		2/M	24HC
	REQRMNT	*****	*******		******	144					-

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

		, , , , , , , , , , , , , , , , , , , ,		I OPERATOR IN	RESPONSIBLE CHARGE		DA	TE	
BYPASSES	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	I	SIA CIAL	1911004868	08	03	03
OVERFLOWS	VONE.	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schultz TYPED OR PRINTED NAME	SIGNATURE O	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER	MY DIRECTION OR SUPE	RVISION IN ACCORDANCE O	ALUATE THE INFORMATION		ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASE	CO ON MY INQUIRY OF T	THE PERSON OR PERSONS WI	RMATION, THE INFORMATION	N	Cobyt Vfo Bruss	804.453-4211	08	03	05
I AM AWARE THAT	THERE ARE SIGNIFICATION OF THE A	NT PENALTIES FOR SUBMI ND IMPRISONMENT FOR KN	ACCURATE AND COMPLETE. TTING FALSE INFORMATION OWING VIOLATIONS, SEE 1 e statutes may include n 6 months and 5 years.	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

610 Menhaden Rd

NAME

FACILITY

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DATE

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9			FROM	08 100		QUALITY OR COM	ICENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1	QUANTI	TY OR LOADING	THE TABLE TO SERVICE T		MAXIMUM	UNITS	EA.	ANALTSIS		
PARAMETER	1 1	AVERAGE	MAXIMUM	UNITS		******		1			
080 TEMPERATURE, WATER	REPORTD	*****	******		******	******	50	C	-	1/DAY	IS
(DEG. C)	REQRMNT	****	******		*****	*****	*****	1	+-		
500 OIL & GREASE	REPORTD				*****	********	*****			3D/W	GRAB
	REQRMNT	370	680	KG/D	1 *****	179		1			
	REPORTD		8		1-6					*****	
*	REQRMNT			7	101				i		
	REPORTD			1/1-						*****	
	REQRMNT		<u> </u>	4-							
	REPORTD	11/	3		-					*****	
	REQRMNT				-						
	REPORTD									*****	
	REQRMNT				-	-					
	REPORTE).			-					*****	
	REQRMNT						1				
	REPORT				-	_	-			*****	
	REQRMN	Г								4 mi Cho Li Van	

OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) TOTAL 03 03 BYPASSES 191100 4868 **OCCURRENCES** AND DAY MQ. YEAR **OVERFLOWS** CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR 05 08 03 804-453-4211 THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION Roberty LaBruzzo SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. DAY MO. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. YEAR SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY 08 02 01 10 08 02 29 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION			FROM	08 02		7 02 29			TNO	FREQUENCY	SAMPLE
4 14	1	OLIANTIT	Y OR LOADING	QU		UALITY OR CONCENTRATION		10070	NO. EX.	OF ANALYSIS	TYPE
PARAMETER	-		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-		
		AVERAGE	140 4 100		****	****	*******		4		
001 FLOW	REPORTD			MGD	*****	*****	*******			CONT	MEAS
	REQRMNT	NL	NL	MGD	 	******	i)				
002 PH	REPORTD	****	*****			******	J _{9,9}	su	-	2D/W	GRAB
	REQRMNT	*****	******		6.0	 *****	******	1			
003 BOD5	REPORTD		ĺ		5 0	******	******			2/M	24HC
1-	REQRMNT	470	840	KGVD	*******	*******	*****		-		
004 TSS	REPORTD	4			****		*****			2/M	24HC
	REQRMNT	160	(F)0	KG/D	*******	******	*****		+		1
DECAT	REPORTD	****	· ******	1	*****		*****	N/CML	-	1/W	GRAB
006 COLIFORM, FECAL	REQRMNT	*******	******		*****	NL		H/ CALL	+-	1 7 1	1
			******		******	N.	******			1 /53	24HC
012 PHOSPHORUS, TOTAL (AS	REPORTD		******	KG/D	*****	NL	******	MG/L		1/W	124110
P)	REQRMNT	NL *******	*****	+	*****						
039 AMMONIA, AS N	REPORTD		******		******	38	45	MG/L		2/M	24HC
	REQRMNT	******			*****		1				
080 TEMPERATURE, WATER	REPORTD	*****	******		*****	NL	NL	С		2D/W	IS
(DEG. C)	REQRMNT	*****	******		1						

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

ODITIONAL PENNIT RESS.	TOTAL TOTAL	RESPONSIBLE CHARGE		DAT	E	
BYPASSES	TAL BODS(N.G.)	IN 1 CIL	191100 4868	08	03	03
OVERFLOWS NONE D	MENTS HERE TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER MY DIRECTION OR SUPERVISION CASHER AND PUBLUATE	THE INFORMATION	CER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASED ON MY INQUIRY OF THE PERSONNET MUST THEORMATION	THE INFORMATION	T A 4 . U A	804-453-4211	08	03	05
THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING IN AN OPENING SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURA SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND ENALTIES FOR SUBMITTING FI AMARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FINCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VINCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIS.C. & 1019. [Penalties under these statutes.c. & 1010] AND 33 U.S.C. & 1319. [Penalties under these statutes.c. & 1010] AND 33 U.S.C. & 1019. [Penalties under these statutes.c. & 1010] AND 33 U.S.C. & 1019. [Penalties under these statutes.c. & 1010] AND 33 U.S.C. & 1019. [Penalties under these statutes.c. & 1010] AND 33 U.S.C. & 1010] AND 1010]	VIOLATIONS, SEE 18 TYPED OR PRINTED NAME	Howell - out the The		YEAR	MO.	DAY

VAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY YEAR MO TO 07 02 29 08 02 01

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION			FROM	0803		80229			1	FREQUENCY	SAMPLE
a 1			TI OF LOADING	QUALITY OR CONCENTRATION					NO. EX.	OF ANALYSIS	TYPE
PARAMETER	1 1	QUANTITY OR LOADING AVERAGE MAXIMUM		UNITS MINIMUM AVERAGE A		MAXIMUM	UNITS				
		AVERAGE			******		******				
40 ENTEROCOCCI	REPORTO	*****	*****		*****	NL	******	N/CML		1/W	GRAB
	REQRMNT	****	*******	-	*****	********					
379 TOXICITY, FINAL,	REPORTD	****	****		***	Q-	14	TU-A		1/3M	24HC
CUTE 00 OIL & GREASE	REQRMNT	****	*****			1	******				
	REPORTD				****		*****			2/M	GRAB
	REQRMNT	25	46	KG/D-		1	-	1			
	REPORTO	. 1	4	11/			-			*****	
	REQRMNT		1	1/		+	-				
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			TOT IN	RESPONSIBLE CHARGE	40 46	DAT	-	
BYPASSES TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	1 11	1 1 1 11-4	1911004868	08	03	03
OVERFLOWS NONE	Ø AND DIE	ATTACHMENTS WERE	Theodore Schultz TYPED OR PRINTED NAME	SIGNATURE SEARCH	CERTIFICATE NO.	YEAR	MO.	DAY
CERTIFY UNDER PENALTY OF LAW THAT REPAIRED UNDER MY DIRECTION OR SUP- TO ASSURE THAT QUALIFIED PERSONNEL	BILVALOR SAME PARTY AND PA	JALUATE THE INFORMATION	- THE CHARLE OF ELO	EER OR AUTHORIZED AGENT	TELEPHONE			Ta -
O ASSURE THAT QUALIFIED PERSONNEL URMITTED, BASED ON MY INQUIRY OF	THE PERSON OR PERSONS W	WHO MANAGE THE SYSTEM OR COMMATION	PRINCIPAL EXECUTIVE	Robert Su Brugo	804.453-4211	08	03	25
THOSE PERSONS DIRECTLY RESPONSIBLE SUBMITTED IS TO THE BEST OF MY KNO T AM AWARE THAT THERE ARE SIGNIFIC	WLEDGE AND BELIEF TRUE,	, ACCURATE AND COMPLETE. ITTING FALSE INFORMATION NOWING VIOLATIONS. SEE 1:	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO,	DAY
INCLUDING THE POSSIBILITY OF FINE U.S.C. & 1001 AND 13 U.S.C. & 1119 fines up to \$10,000 and/or maximum	 (Penalties under them m imprisonment of between 	se statutes may include an 6 months and 5 years.)		1			- b

VAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR 08 02 01 TO 08

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION			FROM	08 09	10 OT TO 02	7 02 29			1	FREQUENCY	SAMPLE
			A OR LOADING			UALITY OR CO	NCENTRATION		NO. EX.	OF ANALYSIS	TYPE
PARAMETER		QUANTII	Y OR LOADING	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	REQRMNT	NL	NL	MGD	******	 *******	ca				
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702 111	REQRMNT	****	*****		6.0	1	******	1			
003 BODS	REPORTD					*****	******	-	1	2/M	24HC
I-	REQRMNT	4300	7700	KG/D	10	1.25	*****				
	REPORTD	1			*******	******	*****	+	_	2/M	24HC
004 TSS	REQRMNT	110	280	kg/p	*****	*******	******	+	_		İ
	REPORTD	******	1 ()				****	MG/L		1/DAY	GRAB
007 DO	REQRMNT	 	******		NL	NL	******	1	+-	-	
			******	i	*****		*********				24HC
012 PHOSPHORUS, TOTAL (AS	REPORTD		*****	KG/D	******	2.0	****	MG/L		1/W	24nc
P)	REQRMNT		*****	-	******						_
039 AMMONIA, AS N	REPORTD	*******		_	*****	37	45	MG/L		2/M	24HC
	REQRMNT	****	*****		******	+	1				
	REPORTE	*******	******			NL	NL	С		1/DAY	IS
(DEG, C)	REQRMN	T *******	*****		******	141					

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

ADUTIONAL PERMIT RELEGIONS	OPERATOR IN RESPONSIBLE CHARGE		DAT	Ε	
BYPASSES AND OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PREPARED UNDER MY DIRECTION OR SUPERVISION OF S	Theodore Schultz Theodor Schult TYPED OR PRINTED NAME SIGNATURE	19/100 4868 CERTIFICATE NO.	OP YEAR	100	DAY
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IAME

DDRESS PO Box 175

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION

SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR

THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE.

I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18

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Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

- VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR TO OF

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

08

YEAR

DAY

MO.

204.453.4211

TELEPHONE

CILITY 610 Menhaden Rd					MONITORING PE	AR MO DAY	NOTE: READ PERMIT AND GENERAL INSTRUCTIO BEFORE COMPLETING THIS FORM.					
CATION 610 Menhaden Rd				OS OS				NOTE.			KM.	
			FROM	08 100		UALITY OR CO	NCENTRATION		NO.	FREQUENCY	SAMPLE	
		QUANTI	TY OR LOADING				MAXIMUM	UNITS	EX.	ANALYSIS	TYPE	
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442 COPPER, DISSOLVED	REPORTD	******	******		******		NY P	UG/L	-	1/M	GRAB	
(UG/L AS CU)	REQRMNT	****	******		******	NL *******	NI ********		1			
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ADDITIONAL PERMIT REQUIREMENTS O	R COMMENTS											
					OPERATOR IN RE	SPONSIBLE CH	ARGE ,			DAT	E	
BYPASSES TOTAL OCCURRENCES	TOTAL FLO	W(M.G.) TOTA	L BOD5(K.G.)			7/11	1 11	191100	486	P 08	03 0	
overflows None	O	ATTACHME	Ø	brodace	Schultz 1	/huarters a	Ehng	CERTIFICA	TE NO.	YEAR	MO. D	

TYPED OR PRINTED NAME

Robert V La Bruzzo

TYPED OR PRINTED NAME

SIGNATURE

SIGNATURE

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

610 Menhaden Rd

Reedville

VAME

FACILITY

LOCATION

ADDRESS PO Box 175

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY DAY MO YEAR 080201 10 08 02 29 industrial iviajor

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

UULLILUU.

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DATE

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DAY

DAY

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					<u> </u>	QUALITY OR CO			NO. EX.	OF ANALYSIS	SAMPLE TYPE
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002 PH	REPORTD	******	*****				9.9	su	-	5D/W	GRAB
702 211	REQRMNT	*****	*****		6.0	Oc. *****	13,8		+		
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	REQRMNT	******	******		D*****	MT	NL	100/2		1 -7.1	
080 TEMPERATURE, WATER (DEG. C)	REPORTD	******	******		******		45	С	-	1/DAY	IS
	REQRMNT	******	****		*****	NL	43	+	+	+	1
186 SILVER, TOTAL	REPORTO	******	******		****		177	UG/L	+	1/M	24HC
RECOVERABLE	REGRMNT	******	*****		******	NL	NL		+	1	i –
448 ZINC, DISSOLVED (AS	REPORTE	*******	******		****			UG/L	_	1/M	GRAB
ZN) (UG/L)	REQRMN	*****	******		*****	NL	NL	00/2		1 4/11	1
	REPORT					_	-	-		*****	
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163	REQRMN	Т			1			_ 1			

OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) 1911004868 TOTAL BYPASSES **OCCURRENCES** AND **OVERFLOWS** NONE CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR 804.453.4211 THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. SIGNATURE TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>211 108</u> To <u>2131</u> 08
Paint Area COMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of the persons directly responsible for gathering the information, the information submitted is to the best of the persons directly responsible for gathering the information, the information submitted is to the best of the persons directly responsible for gathering the information, the information submitted is to the best of the persons directly responsible for gathering the information, the information submitted is to the best of the persons directly responsible for gathering the information, the information submitted is to the best of the persons who manage the system of the persons who manage the system of the persons who manage the system of the persons who manage the system of persons who manage the system of persons who manage the system of the person or persons who manage the system of the persons or persons who manage the system of the person or persons who manage the system of the person

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 214108 To 2 110108
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years): **Color of Principal Officer or Authorized Agent / Date** Signature of Principal Officer or Authorized Agent / Date**

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867 Report Period: From 2/1/1/08 To 2/17/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor. Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years): **Policy of Principal Officer or Authorized Agent / Date** Signature of Principal Officer or Authorized Agent / Date**

Facility Name: Omega Protein
Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 2125108 To 2129108
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica / Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **Robert Manager** May 5 2028**
Signature of Principal Officer or Authorized Agent / Date

AME

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY мо 08 03 01 10 08 03 31 Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd CATION			FROM	OB OB	5 01 TO O	8 033	**		1	MIT AND GENERAL I	
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ol Erom	REPORTD				******	******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/		CONT	EST
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002 PH	REPORTD	****	******		1	V*******	9.0	su	+	3D/W	GRAB
	REQRMNT	*****	******		6.0	V	******				
003 BODS	REPORTD			1	V	******	*****			3D/W	24HC
	REQRMNT	1700	3100	KG/D	******	*****		1			
004 TSS	REPORTO	1			******	****	******		_	3D/W	24HC
ii)	REQRMNT	650	1600	KG/D	*******		 		i		
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O18 CYANIDE, TOTAL (AS	REQRMNT	*****	*****		*****	96	1 ***	+	_		
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			ODERATOR IN S	ESPONSIBLE CHARGE		DAT	E	
BYPASSES TOTAL OCCURRENCES OVERFLOWS NONE I CERTIFY UNDER PENALTY OF LAW THE	O AND ALL	TOTAL BOD5(K.G.)	Theodore Schultz		191100 4868 CERTIFICATE NO.	OS YEAR	07	07 DAY
PREPARED UNDER MY DIRECTION OR SUI	THE PARTY OF THE PARTY OF THE	ALUATE THE INFORMATION	- CELIC	ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASED ON MY INQUIRY OF	THE PERSON ON THE INFO	BMATION, THE INFORMATION			804-453-4211			
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ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION

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INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18

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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY DAY MO YEAR

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

YEAR

OB

DAY

07

MO.

04

804.453.4211

TELEPHONE

SIGNATURE

SIGNATURE

Robert La Bruggo

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

CILITY 610 Menhaden Rd				YEAR M	MONITORING F	AR MO DAY		NOTE:	READ PERM	IT AND GENERAL I	NSTRUCTIONS
CATION 610 Menhaden Rd			FROM	YEAR M				11012.			
				1001		QUALITY OR CO	NCENTRATION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1		Y OR LOADING	UNITS MINIMUM		AVERAGE	MAXIMUM	UNITS	LA.	ANALTSIS	
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080 TEMPERATURE, WATER	REPORTO	****	****			****	50	С		1/DAY	IS
(DEG. C)	REQRMNT	*****	*****		******	*****	******				
500 OIL & GREASE	REPORTD				*****	********	******			3D/W	GRAB
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ADDITIONAL PERMIT REQUIREMENTS	OR COMMENTS										
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BYPASSES TOTAL	TOTAL FLO	W(M.G.) TOTAL	BOD5(K.G.)		OPERATOR IN RE	SPUNSIBLE CH	c t M	191100	406	P 08	04 0
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TVUNC		AND ALL ATTACHMEN	TS WERE		UTED NAME	SIGNATUR	E	CERTIFICA	1 L 11 U		

TYPED OR PRINTED NAME

TYPED OR PRINTED NAME

Robert Labruzzo

1AME

ODRESS PO Box 175

OVERFLOWS

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 080301 10080331 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY -(REGIONAL OFFICE)

Piedmont Regional Office. 4949-A Cox Road

Glen Allen

VA 23060

н 16			FROM	0803		WALITY OR COM	ICENTRATION		NO.	FREQUENCY OF	SAMPLE
		QUANTIT	Y OR LOADING				MAXIMUM	UNITS	EX.	ANALYSIS	ITPE
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001 FLOW	REPORTD				******		*****		+	CONT	MEAS
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002 PH	REPORTD	****	*****			101)9.0	SU	+	2D/W	GRAB
102 111	REQRMNT	***	******		6.0	******	*****	100	+		
003 BODS	REPORTD				******		******			2/M	24HC
	REQRMNT	470	840	KG/D	·	*******	******	-	-	2/11	-
004 TSS	REPORTD	n			******		*****		-	2/M	24HC
004 133	REQRMNT	160	4107	KG/D	*****	*****	******		+	2/11	1
006 COLIFORM, FECAL	REPORTD	****	(*****		****	N/CML		1/W	GRAB
000 CODITORI, I Dans	REQRMNT	****	*******		******	NL	******	I NY CITE	+	12/11	1
012 PHOSPHORUS, TOTAL (AS	REPORTO	1	****		****			MG/L	_	1/W	24HC
P)	REQRMNT	NL /	*****	KG/D	******	иг	******	MG/ L	+-	1 1/11	121110
ARR MANONITA DE N	REPORTD	*******	****		******			NO /2		2 /M	24HC
039 AMMONIA, AS N	REQRMNT	*****	*****		*****	3.8	45	MG/L		2/M	124110
TOWERD WATER	REPORTD	1	******		****				-	0D /N	IS
080 TEMPERATURE, WATER (DEG. C)	REQRMNT		*****		******	NL	NL	С	_	2D/W	113

TOTAL TOTAL FLOW(M.G.) BYPASSES **OCCURRENCES** AND

TOTAL BOD5(K.G.)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN F	ESPONSIBLE CHARGE	,	DAT	TE .	
	D/ 1 C 1 A	1911004868	08	04	07
Theodore Schultz TYPED OR PRINTED NAME	SIGNATURE SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE			
THIRDITY I		804.453.4211			
	SIGNATURE		YEAR	MO.	DAY
TYPED OR PRINTED NAME Robert LaBurzo	Chultha Brusso		08	04	07

610 Menhaden Rd

IAME

ACILITY

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY 08 03 01 TO 08 03 31

Industrial Major

08/22/2007

DEPT, OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

a 125				00 103	501 TO 0	QUALITY OR CO	NCENTRATION		NO. EX.	OF ANALYSIS	SAMPLE TYPE
DADAMETER	1 1	QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	LX.	ANALTSIS	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	T AVERNOE	******	1			M
40 ENTEROCOCCI	REPORTD	****	*****		****	NL	*****	N/CML	-	1/W	GRAB
-10	REQRMNT	*****	******		*****	******		1	+		
379 TOXICITY, FINAL,	REPORTD	****	*****		1	***************************************	19	TU-A	_	1/3M	24HC
	REQRMNT	******	*****	ļ	*******	(34.)	******		1		
500 OIL & GREASE	REPORTD				1	1	*****			2/M	GRAB
	REQRMNT	25	46	KG(D	****	1				Ì	
	REPORTD				//					*****	
	REQRMNT	ļ			1	-					
	REPORTD							-		*****	
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	REPORTD						-			*****	
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	REPORTE			_						*****	
	REQRMN	Т									

OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penaltiss under these statutes may include

TOTAL

OCCURRENCES

BYPASSES

AND

TOTAL FLOW(M.G.)

TOTAL BOD5(K.G.)

DATE OPERATOR IN RESPONSIBLE CHARGE 07 191100 4868 OP 04 MO. DAY YEAR CERTIFICATE NO. SIGNATURE TYPED OR PRINTED NAME PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 204-453-4211 MO. DAY YEAR SIGNATURE TYPED OR PRINTED NAME 08 07 04 Robert Sa Brugo Robert LaBruzzo fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

JAME

ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 080301 1008 0331

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

to the contract of the contrac		73112	FROM	00100	301 700		1		NO.	FREQUENCY	SAMPLE
		QUANTII	TY OR LOADING	_/e_	<i>A</i> .	QUALITY OR CO		UNITS	EX.	ANALYSIS	TYPE
ARAMETER		AVERAGE	MUMIXAM	UNITS.	MINIMUM	AVERAGE	MAXIMUM	UNITS	+	+	
Ol FLOW	REPORTD				*****	*****			+	CONT	EST
01 110"	REQRMNT	NL	NL	MGD	******		0		+	1	
02 PH	REPORTD	****	*****		\\	Q	9.0	SU		2/M	GRAB
	REQRMNT	*****	*******	-	6.0		******		+	1	
03 BOD5	REPORTD			1	3	******	*****			2/M	24HC
	REQRMNT	4300	7700	AG/I		******	*******				
004 TSS	REPORTD		-	11110	*****	******	*****			2/M	24HC
	REQRMNT	110	280	KG/D		 	*****				
007 DO	REPORTD	1 (******	1	NL	NL	*****	MG/L		1/DAY	GRAB
ab.	REQRMNT		*******	-	******		******				
012 PHOSPHORUS, TOTAL (AS	REPORTO		******	KG/D	****	2.0	******	MG/L		1/₩	24HC
P)	REQRMNT		****	+	******						
039 AMMONIA, AS N	REPORTO	****	****	-	****	37	45	MG/L		2/M	24HC
	REQRMNT		*****	-	******						
080 TEMPERATURE, WATER (DEG. C)	REQRMNT		******	-	******	NL	NL	С		1/DAY	IS

				ODERATOR IN S	ESPONSIBLE CHARGE		DAT	ſΕ	
BYPASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	= 1 0 1 11	NI DICT	1911004868	08	04	07
OVERFLOWS	NONE THAT	THIS DOCUMENT AND ALL	ATTACHMENTS WERE	Theodore Schulle Typed or printed NAME	SIGNATURE O	CERTIFICATE NO.	YEAR	MO.	DAY
PREPARED UNDER A	AY DIRECTION OR SUPE	RVISION IN ACCOMMANCE	ALUATE THE INFORMATION		ER OR AUTHORIZED AGENT	TELEPHONE			
SUBMITTED. BASES	D ON MY INQUIRY OF T	HE PERSON OR PERSONS "	RMATION, THE INFORMATION			804.453.4211			-
SUBMITTED IS TO I AM AWARE THAT INCLUDING THE P	THE BEST OF MY KNOW THERE ARE SIGNIFICA OSSIBILITY OF FINE A	NT PENALTIES FOR SUBMI	ACCURATE AND COMPLETE. ETTING FALSE INFORMATION, SOWING VIOLATIONS. SEE 16 SE STATUTES MAY INCLUDE an 6 months and 5 years.	TYPED OR PRINTED NAME	SIGNATURE Pobert Sa Bruggio		YEAR	мо.	DAY O'7

610 Menhaden Rd

IAME

ACILITY

DDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 . VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO YEAR

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 144				08.00	70 TO C	QUALITY OR CO	NCENTRATION		NO. EX.	OF ANALYSIS	SAMPLE TYPE
PARAMETER		QUANTI	TY OR LOADING			AVERAGE	MAXIMUM	UNITS	7 5^.	ANALYSIS	W
PARAMETER		AVERAGE	MUMIXAM	UNITS	MINIMUM	T AVEIGNE	1	1			
442 COPPER, DISSOLVED	REPORTD	*****	****		*****		are e	UG/L		1/M	GRAB
	REQRMNT	****	*****		******	NL	1		_		
500 OIL & GREASE	REPORTD					1	*****		1	2/M	GRAB
	REQRMNT	430	780	KG/D	******			-			
	REPORTD				50				_	*****	
	REQRMNT			11					+		
	REPORTD	1								*****	
	REQRMNT				1		1	-			
	REPORTD					_			-	*****	
2	REQRMNT	1			-	4					
	REPORTO								-	*****	
1	REQRMNT							-	+		İ
	REPORTE								\dashv	*****	
	REQRMN					+	-	-	1		
	REPORT							-		*****	
	REQRMN	Г			1						

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL FLOW(M.G.) TOTAL 07 1911004868 BYPASSES **OCCURRENCES** AND MO. DAY **OVERFLOWS** YEAR CERTIFICATE NO. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR 804.453.4211 THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. MO. DAY I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. YEAR INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME 80 07 U.S.C. & 1001 AND 13 U.S.C. & 1319. (Penalties under these statutes may include Robert La Bruzzo fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

610 Menhaden Rd

JAME

FACILITY

OCATION

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONANTE OF AUCUSTA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT(DMR)

995 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY MO DAY 08030110080331 moustier mojor

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, u 100	ı	OUANTIT	Y OR LOADING		7	QUALITY OR CO			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LA	ANALTSIS	
	DEBORTO	AVERAGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	*****	*****C			4	
DO1 FLOW	REPORTD			MGD	******	*****	A**/***			CONT	EST
	REQRMNT		NL	MGD	ļ	******	100		1	i	
002 PH	REPORTD	*****	*****		12	/		SU		5D/W	GRAB
1	REQRMNT	****	****		6.0	******	9.0	1 30		J JD/ W	Joieth
019 COPPER, TOTAL (AS CU)	REPORTD	******	******		1,,,,,,,,,					+	0.4110
	REQRMNT	******	****		* * * * * * * * * * * * * * * * * * * *	NL	NL	UG/L	-	1/M	24HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	******	******		J*******			-	<u> </u>		7.0
	REQRMNT	******	******	1 ,	******	NL	45	C		1/DAY	IS
186 SILVER, TOTAL	REPORTD	*****	* (****	1	*******			<u> </u>	-		24HC
RECOVERABLE .	REQRMNT	*****			*****	NL	NL	UG/L		1/M	ZARC
448 ZINC, DISSOLVED (AS	REPORTD	*****	*****		*****			-			-
zn) (UG/L)	REQRMNT	*****	*******		*****	NL	NL	UG/L	-	1/M	GRAB
	REPORTD		1						_	-	-
	REQRMNT							-		*****	-
	REPORTD								_	*****	-
	REQRMNT									******	1

DATE OPERATOR IN RESPONSIBLE CHARGE TOTAL BOD5(K.G.) TOTAL TOTAL FLOW(M.G.) BYPASSES OP 07 **OCCURRENCES** 1911004868 04 AND **OVERFLOWS** YEAR MO. DAY CERTIFICATE NO. I CERTIPY UNDER PENALTY OF LAW THAT THIS DOCCMENT AND ALL ATTACHMENTS WERE SIGNATURE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION 804.453.4211 SUDMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AMARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. MO. DAY YEAR SIGNATURE INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 TYPED OR PRINTED NAME 07 U.S.C. & 1001 AMD 13 U.S.C. & 1319. [Penalties under these statutes may include 08 04 Robert LaBruzzo fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: ·VA0003867
Report Period: From 3/1 108 To 3/9/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)

*Comments on Noncompliance
Theodore Schultz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up
Robert For Bruggo / General Manager april 7, 2008 Signature of Principal Officer or Authorized Agent / Date
Viginitia in the I

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 3/10/08 To 3/14 08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / TECHNICAL Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 1 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines ut to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **Foliation of Principal Officer or Authorized Agent / Date** Signature of Principal Officer or Authorized Agent / Date**
Olgrandic of Carrobat Street

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 3 124/08 To B131/08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
Theddore A Schultz/Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **Pobut Va Brusso** General Manage** April 7, 2008**
Signature of Principal Officer or Authorized Agent / Date

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

001 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY YEAR 08 04 01 10 08 04 30 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

CILITY 610 Menhaden Rd				YEAR M	DAY YE	AR MO DAY	YEAR MO DAY YEAR MO DAY				
W	1	FROM			QUALITY OR CON-				NO. OF	FREQUENCY OF ANALYSIS	SAMPLE TYPE
RAMETER	1	QUANTIT	Y OR LOADING	Lutuma	MINIMUM	AVERAGE	MAXIMUM	UNITS		AIVAETOIO	
ARAMETER	Ī	AVERAGE	MAXIMUM	UNITS	******	*****	******	1			
)1 FLOW	REPORTD				·	*****	-C1			CONT	EST
	REQRMNT	NL	NL	MGD	******	*******	-	1			
)2 PH	REPORTD	****	******		1	****	9.0	SU	+	3D/W	GRAB
02 PN	REQRMNT	*****	*****		6.0	*******	3.0	-			
003 BOD5	REPORTD				1	******	****		_	3D/W	24HC
	REQRMNT	1700	3100	KGXD	5******	****	*****	-	_		
004 TSS	REPORTD	1	\		*******	****	******	-	_	3D/W	24HC
104 105	REQRMNT	6 0	1600	Kg/D	******				_		
005 CL2, TOTAL	REPORTD	1-1-1	******		******		1200	UG/L		1/DAY	GRAB
105 Ch2, 101A2	REQRMNT		********		*****	580	******	+	+	1	İ
012 PHOSPHORUS, TOTAL (AS	REPORTD		*****		*****		*****	MG/L		1/W	24HC
P) .	REQRMNT	-	******	KG/D	*****	2.0		-			
018 CYANIDE, TOTAL (AS	REPORTE		*****		******	_	110	UG/L	_	2/M	GRAB
Ols CYANIDE, TOTAL (AS	REQRMNT		****		****	96	1110	+			
30 N	REPORTE	to	******		*******			MG/L	_	2/M	24HC
039 AMMONIA, AS N	REQRMN		*****		******	NL	NL	11072		127	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

ADDITIO. W. D.		TO WE	SPONSIBLE CHARGE		DAT	E.	
OVERFLOWS OCCURRENCES	L FLOW(M.G.) TOTAL BOD5(K,G.)	Theodore Schultz	Mesclore Sehall SIGNATURE	191100 4868 CERTIFICATE NO.	08 YEAR	05 Mo.	OS DAY
PREPARED UNDER MY DIRECTION ON SUPERVISION TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY	Y OATHER AND EVALUATE THE INFORMATIO	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE		T	
SUBMITTED. BASED ON MY INQUIRY OF THE PERSON THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATH SUBMITTED IS TO THE BEST OF MY KNOWLEDGE ALL AM AWARE THAT THERE ARE SIGNIFICANT PENAL INCLUDING THE POSSIBILITY OF FINE AND IMPRUS.C. & 1001 AND 3] U.S.C. & 1319. (Penal Lines up to \$10,000 and/or maximum impriso	IND BELIEF TRUE, ACCURATE AND COMPLET LITIES FOR SUBMITTING FALSE INFORMATI LISONMENT FOR KNOWING VIOLATIONS, SE	TYPED OR PRINTED NAME		804.453.4211	YEAR	мо. 0 б	DAY 09

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR | MO | DAY DAY MO 08 04 01 TO 08 04 30 YEAR

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

DAY

MO.

05

YEAR

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATION TO THE STATE OF THE STATE	FROM L			08104	QUALITY OR CONCENT				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTI	ry or Loading			AVERAGE	MAXIMUM			ANALIGIE	
ARAMETER	1 +	AVERAGE	MAXIMUM	UNITS	MINIMUM	******					
AN MOR	REPORTD	****	*****			1 *****	58	С		1/DAY	IS
OEG. C)	REQRMNT	****	****		******	 	*** ****				
and the second s	REPORTD	9			*****	10.00	******			3D/W	GRAB
00 OIL & GREASE		370	680	KG/D	******	M. A.					
	REPORTD		1	T .	S		-	 		*****	
				11				-	-		
	REQRMNT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	1						*****	
	REPORTD	11/1/2	1						+-	+	
	REQRMNT	1///	4	1	1				_	*****	-
	REPORTD	1/ /		-						******	
	REQRMNT	1	1								
	REPORTO			_	_					*****	
	REQRMNT			125							
	REPORTE									*****	
	REQRMN					_	-				
	REPORT			=		_				*****	1
	REQRMN										
ADDITIONAL PERMIT REQUIREMENTS	OR COMMENTS						HARGE			DA.	re ———
BYPASSES TOTAL OCCURRENCE	TOTAL FLO	OW(M.G.) TOT.	AL BOD5(K.G.)		OPERATOR IN F	7/ //	CION	1911	00 48	968 08	050
					Schultz	Munchate	La Milanda			YEAR	MO. D

SIGNATURE I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TYPED OR PRINTED NAME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TELEPHONE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. 804.453-4211 I AM AHARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, TYPED OR PRINTED NAME INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 Robert V la Brizas U.S.C. & 1001 AND 33 U.S.C. & 1315. {Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

NAME

ADDRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 08 04 01 TO 08 04 30 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

a w			FROM	0804		P 04 30 DUALITY OR COM	UCENTRATION		NO.	FREQUENCY	SAMPLE
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702 111	REQRMNT	****	******	<u></u>	6.0	V*****	9.0	1		20/11	Julia
003 BOD5	REPORTD				1.55	*******			-	2/M	24HC
	REQRMNT	470	840	KG/D	****	*******	******		+	2711	
004 TSS	REPORTD	N I			*******	******	******	-	-	2/M	24HC
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	REQRMNT	*******	******		*******	ND .	*****				
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P)	REQRMNT		******	KG/D	*****	NI					
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ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

OPERATOR IN RESPONSIBLE CHARGE							DATE		
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U.S.C. & 1001 } fines up to \$10	AND 33 U.S.C. & 1319 0,000 and/or maximum	imprisonment of betwee	n 6 months and 5 years.	Robert V LaBrum	KUTAPNEZZO			J.	1

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ODRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

INCLUDING THE POSSIBILITY OF PINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include

fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY MO TO 00 04 21 Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd			FROM	0804		80430	ICENTE ATION		NO.	FREQUENCY	SAMPLE TYPE
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Robert V La Brusso

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DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY MO DAY 08 04 01 10 08 04 30 YEAR

. Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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02 PH	REQRMNT	*****	*****		6.0	M	*****				
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ADDITIONAL PERMIT REQUIREMENTS OR	COMMENTS									DA	TE
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Alle C	Ø	Luna: GILLE	T WERE	heodore	Schultz INTED NAME	SIGNATU	RE 0	CERTIFIC	ATE NO.	YEAR	MO. D
I CERTIFY UNDER PENALTY OF LAW THA	THIS DOCUM	ENT AND ALL ATTACHMENT ACCORDANCE WITH A SY	STEM DESIGNED T	YPED OR PR	INTED NAME			TELEPH	IONE		

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

	ESPONSIBLE CHARGE	74	DA		
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heodore Schultz	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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TRINGIPAL EXECUTIVE		16.4.46.3.471	YEAR	MO.	DAY
TYPED OR PRINTED NAME	SIGNATURE	804.453.421	08	05	09
Robert V La Bruzz	K Voo Brusso		_		•

DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include

fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

003 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MO DAY YEAR DAY MO

Industrial Major

08/22/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ILITY 610 Menhaden Rd			FROM	YEAR MO		8 04 30		NOTE:	1 1	REQUENCY	RM. SAMPLE	-11
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Cobert Le Brizzo

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DRESS PO Box 175

Reedville

Omega Protein - Reedville

VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0003867
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Industrial major

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office

Glen Allen

VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CILITY 610 Menhaden Rd CATION			FROM	0804		P0430 QUALITY OR CO	NCENTRATION		NO. EX.	OF	SAMPLE TYPE
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186 SILVER, TOTAL	REPORTD	******	****				NL	UG/L		1/M	24HC
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ZN) (UG/L)	REQRMNT	******	*****		*****	NL					
	REPORTO							-		*****	
	REQRMNT		10-50	_							
	REPORTO			1						*****	
	REQRMN										

BYPASSES AND OCCURRENCES TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)

OVERFLOWS NONE

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION

PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. IAM ANARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. I AM ANARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. SEE 18 INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include times up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

DATE OPERATOR IN RESPONSIBLE CHARGE 05 1911004868 05 DAY MO. YEAR CERTIFICATE NO. SIGNATURE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE DAY MO. YEAR 804.453.4211 SIGNATURE 09 TYPED OR PRINTED NAME

Permit No. VA0003857 Part I Page 14 of 25

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY **EMP Compliance Report**

Facility Name: Omega Protein Address: Reedville, Va.

VPDES Permit No.: VA0003B67
Report Period: From 41/108 To 416108
Paint Area (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief directly responsible for gathering the information, the information penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information. The Adam of Principal Exec. Officer or Authorized Agent I in the property of the person of persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons information or persons who manage the system or those persons in

U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum

imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent /

Pennit No. VA0003857 Part I Page 14 of 25

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY EMP Compliance Report

Facility Name: Omega Protein Address: Reedville, Va.

VPDES Permit No.: VA0003867

imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent / Dat

Report Period:	From 417108 To 41131 CB	
Paint Area	COMPLIANCE / NONCOMPLIANCE* (check as appropriate)	
3		
	on Noncompliance	•
Theor	lore Schultz / Technical Supervisor Incipal Exec. Officer or Authorized Agent / Title	ion
I certify und in accorda information directly res	er penalty of law that this document and all attachments were prepared under my direction or supervise penalty of law that this document and all attachments were prepared under my direction or supervise the person of law that this document and evaluate once with a system designed to assure that qualified personnel properly gather and evaluate submitted. Based on my inquiry of the person or persons who manage the system or those personsible for gathering the information, the information submitted is to the best of my knowledge and be consible for gathering the information, the information submitted is to the best of my knowledge and be consible for gathering the information, the information submitted is to the best of my knowledge and be consible for gathering the information for supervise and complete. I am aware that there are significant penalties for submitting false information are possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and the possibility of fine and imprisonment for knowing violations up to \$10,000 and or maximal transfer and 5 years).	elie f ion, 33

Permit No. VA0003867 Part I Page 14 of 25

May 9 2008

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY **BMP Compliance Report**

Facility Name: Omega Protein

imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent /

Address: Reedville, Va.
VPDES Permit No.: VA0003B67
Report Period: From 411408 To 4129 08
Report Period: From 11. 1100
Paint Area (check as appropriate)
*Comments on Noncompliance
Commence
Theodore Schultz / Technica / Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
Name of Principal Exec. Officer of Asserts were prepared under my direction or supervision
Name of Principal Exec. Officer of Association of Supervision of Principal Exec. Officer of Association of Supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision I certify under penalty of law that this document and all attachments were prepared under my direction or supervision.
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information submitted. Based of my inquiring information, the information submitted is to the best of my Nowheeger directly responsible for gathering the information, the information penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties for submitting false information, true, accurate and complete. I am aware that there are significant penalties of true, accurate and complete. I am aware that there are significant penalties of the best of my Nowheeger and true, accurate and complete. I am aware that there are significant penalties of the best of my Nowheeger and the my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the best of my Nowheeger and the b
true, accurate and complete. Tain attached the forknowing violations. See 18 U.S.C. paragraph to including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum U.S.C. paragraph 1319.
U.S.C. paragraph 1319. (Contains and 5 years).

General Manager

Permit No. VA0003857 Part I Page 14 of 25

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY **SMP Compliance Report**

Address: Reedville, Va.	940
,	:⊛: ⊛
VPDES Permit No.: VA0003867	¥.
Report Period: From 4 12/108 To 412	<u>108</u>
Paint Area	COMPLIANCE / NONCOMPLIANCE (check as appropriate)
S ₂ 0	
The second secon	
	10
<u> </u>	
4. 30 4	
*Comments on Noncompliance	165
Theodore Schultz Name of Principal Exec. Officer or Author	Technical Supervisor

Facility Name: Omega Protein

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).

Manager May 9 7068

Signature of Principal Officer or Authorized Agent /

Pennii No. VA0003857 Part I Page 14 of 25

ATTACHMENT C DEPARTMENT OF ENVIRONMENTAL QUALITY **EMP Compliance Report**

Facility Name: Omega Protein Address: Reedville, Va.

VPDES Permit No.: VA0003867

imprisonment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent /

F	: Report Period:	From 4 128,000 To 4 130,000
	Paint Area	COMPLIANCE / NONCOMPLIANCE* (check as appropriate)
	_	
ě		
	*Comments of	on Noncompliance
	Mamo of Pri	Jose Schultz / Technical Supervisor ncipal Exec. Officer or Authorized Agent / Title
,	in accordant information directly responses	er penalty of law that this document and all attachments were prepared under my direction or supervision are penalty of law that this document and all attachments were prepared under my direction or supervision once with a system designed to assure that qualified personnel properly gather and evaluate the submitted. Based on my inquiry of the person or persons who manage the system or those persons submitted. Based on my inquiry of the person or persons who manage the system or those persons submitted is to the best of my knowledge and belief consible for gathering the information, the information submitted is to the best of my knowledge and belief consible for gathering the information, the information submitted is to the best of my knowledge and belief consible for gathering the information, the information submitted is to the best of my knowledge and belief considered. I am aware that there are significant penalties for submitting false information, are possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 are possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 are possibility of fine and imprisonment for knowing violations up to \$10,000 and or maximum argraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum argraph 1319.

General Manager May 9 7008

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA **DEPARTMENT OF ENVIRONMENTAL QUALITY** NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME: ADDRESS: Omega Protein - Reedville PO Box 175

Reedville, VA 22539

001 VA0003867 DISCHARGE PERMIT NUMBER NUMBER

MONITORING PERIOD

FACILITY

LOCATION:

610 Menhaden Rd

FROM

YEAR

2008

MO

05

DAY 01

MO YEAR DAY 05 2008 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	ITY OR LOADING		Employee Co.	QUALITY OR CON	CENTRATION	SCHOOL HEADING	NO.	FREQUENCY	SAMPLE	_ LAB
	0.00	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	1.994	3.013		*****	****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD	remina "Tagana	Lucine "I'll a sic	Date of the Case		15296	CONT	EST	
PH	REPORTO	*****	*****		8.19		8.19	011	0	3D/W	GRAB	
PARAM CODE: 002	REQRMNT	A STATE OF THE STA	V. 10		6.0		9.0	SU	No.	3D/W	GRAB	
BOD5	REPORTD	50.2	50.2		*****	****	*****		0	3D/W	24HC	
PARAM CODE: 003	REQRMNT	1700	3100	KG/D			OVER THE REAL	1	200	3D/W	24HC	
TSS	REPORTD	119.8	119.8	14010	****	K-\$1111.	*****		0	3D/W	24HC	
PARAM CODE: 004	REQRMNT	650	1600	KG/D					1000	3D/W	24HC	
CL2, TOTAL	REPORTD	****	*****			NR	NR					
PARAM CODE: 005	REQRMNT	paragraphen say, etta			88/52/100	580.	1200	UG/L	STATE.	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	4.11	*****		*****	.36	*****		0	1/W	24HC	
PARAM CODE: 012	REQRMNT	23	Service Total	KG/D	Z Z	2.0	actor management	MG/L	28%	1W,	24HC	
CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****			<ql< td=""><td><ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		0	2/M	GRAB	
PARAM CODE: 018	REQRMNT	77.76 ***** (1.1.1)	*****			96	110	UG/L	8725	2/M A 3	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESP	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore 5	Schultz		1911004868		
		OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE		TYPED OR PRIM	ITED NAME	CEF	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	PERSON OR PERSONS WHO N	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THO IN, THE INFORMATION SUBMI		PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
		COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 1

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175 Reedville, VA 22539

VA0003867
PERMIT NUMBER

MONITORING PERIOD

001

DISCHARGE

NUMBER

FACILITY

LOCATION

610 Menhaden Rd

FROM

						-1111	
I	YEAR	MO	DAY	1 1	YEAR	MO	DAY
١	2008	05	01	то	2008	05	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANTI	TY OR LOADING	1		QUALITY OR CON	CENTRATION	V. 1	NO.	FREQUENCY	SAMPLE	LAB
	Second Co.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
AMMONIA, AS N	REPORTD	*****	****		*****	.55	.55		0	2/M	24HC	
PARAM CODE: 039	REQRMNT		18 c 1			NL	NL	MG/L	150	2/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD		*****		TARRE	*****	20.0	_	0	1/D-D	IS	
PARAM CODE: 080	REQRMNT	H.040 *****			MANAGEM NAMES		50	C	100	1/DAY	IS	
OIL & GREASE	REPORTD	114.1	114.1		*****	*****	*****		0	3D/W	GRAB	
PARAM CODE: 500	REQRMNT	370	680	KG/D					1 4 25	3D/W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS;

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESP	ONSIBLE CHARGE		2	
OVERFLOWS	0	0	0	Theodore S	chultz		1911004868		
UNDER MY DIRECTIO	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBE	R	
MY INQUIRY OF THE	VEL PROPERLY GATHER AND PERSON OR PERSONS WHO N ATHERING THE INFORMATIO	IANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	I-453-4211	
KNOWLEDGE AND B		COMPLETE, I AM AWARE TH	AT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SHE is up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
			·						Page 2

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867 PERMIT NUMBER 002 DISCHARGE NUMBER DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

FACILITY

LOCATION

610 Menhaden Rd

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANT	TTY OR LOADING	1.050		QUALITY OR CON	CENTRATION	Y 1 11-31 /	NO.	FREQUENCY	SAMPLE	LAB
	9 60 1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD			мар			*****					
PARAM CODE: 001	REQRMNT	NL	NL	MGD	ASV., TEST				1000	CONT	MEAS	<u> </u>
PH	REPORTO	•••••	*****			****		011				
PARAM CODE: 002	REQRMNT		PERCHAPTURE		6.0	SERVICE AND AND AND	9.0	SU	談談	2D/W	GRAB	É
BOD5	REPORTD				****	*****	*****					
PARAM CODE: 003	REQRMNT	470	840	KG/D	10. FEE **********************************		AND STATE OF THE S		E(SPA	2/M	24HC	
TSS	REPORTD				*****	****	*****					
PARAM CODE: 004	REQRMNT	160	410	KG/D	eral Mile auto	HELD VIEW AND			100	2/M	24HC	
COLIFORM, FECAL	REPORTD	*****			*****		*****	111011				
PARAM CODE: 006	REQRMNT	Section 18 Control	agen des version		va da <mark>tir</mark> akanak	NL NL		N/CML	300	1/W	GRAB	1
PHOSPHORUS, TOTAL (AS P)	REPORTD		••••		*****		*****	140#				
PARAM CODE; 012	REQRMNT	NL NL		KG/D	*****	NL		MG/L	DOM:	1/W	24HC	1
AMMONIA, AS N	REPORTD	*****	*****		****			MOII				
PARAM CODE: 039	REQRMNT	religion librario				38	45	MG/L	國際	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore S	chultz	,	1911004868		
UNDER MY DIRECTION	ENALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	ISIGNED TO ASSURE THAT	TYPED OR PRIN	TED NAME	CEI	RTIFICATE NUMBI	ER	
MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	MANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	TELEPHONE	804	4-453-4211	
KNOWLEDGE AND B		COMPLETE. I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE es up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
									Page 3

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER

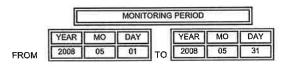
002 DISCHARGE NUMBER DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION

610 Menhaden Rd



NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter	-	QUANT	TY OR LOADING	77 J	G	QUALITY OR CON	CENTRATION	L	NO.	FREQUENCY	SAMPLE	LAB
	1000	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		*****				П			
PARAM CODE: 080	REQRMNT	Esteral Mark Ha			2836-5 277 8828	NL vi	NL	C	超過	2D/W	IS	
NTEROCOCCI	REPORTO	****	*****		*****		*****	NION				l
PARAM CODE: 140	REQRMNT	griffy	gradio de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la c		GW 200 40464	NL		N/CML	Mar.	1/W	GRAB	I
OIL & GREASE	REPORTD				*****	*****	****					
PARAM CODE: 500	REQRMNT	16 3 7 25 May 26	46	KG/D		Cycle Colors	EXT. SUIT BUILD		1350	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS				Theodore	Schultz		1911004868		
	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO			TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBE	R	
MY INQUIRY OF THE	IEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	IANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
KNOWLEDGE AND B		COMPLETE, I AM AWARE TH	HAT THERE ARE SIGNIFICANT						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEEs up to \$10,000 and/or maximum	18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION 610 M

610 Menhaden Rd

FROM 2008 05

MO DAY YEAR MO DAY 05 01 TO 2008 05 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter		QUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD					*****	*****					
PARAM CODE; 001	REQRMNT	NL NL	na a NL a la com	MGD	Supremation of the	File of the state	24 Months		2342	CONT:	A EST	
PH	REPORTD	1101	•••••			****						
PARAM CODE: 002	REQRMNT	PLACAL TAKE HEA	The second second		6.0	****	9.0	SU		2/M	GRAB	
BOD5	REPORTD					*****	*****					

PARAM CODE: 003	REQRMNT	4300	7700	KG/D						2/M	24HC
TSS	REPORTD				****	****	*****				
PARAM CODE: 004	REQRMNT	110	280	KG/D					SHAP.	2/M	24HC
DO	REPORTD	****					*****	140#	1		
PARAM CODE: 007	REQRMNT	Little and Francisco			NL .	NL		MG/L	1	1/DAY	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD		*****		*****			110"	T		
PARAM CODE: 012	REQRMNT	3.0		KG/D		2.0	English Company	MG/L	1470	1/W	24HC
AMMONIA, AS N	REPORTO		*****		*****			140#	T		
PARAM CODE: 039	REQRMNT	Marka (a Marta 1977)	Marie Williams			37	45	MG/L	1992	2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE									
OVERFLOWS				Theodore So	chultz	1911004868							
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACH DRDANCI: WITH A SYSTEM DE	ESIGNED TO ASSURE THAT	TYPED OR PRIN	CEF	CERTIFICATE NUMBER							
MY INQUIRY OF THE	PERSON OR PERSONS WHO I	EVALUATE THE INFORMATION OF THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804-453-4211						
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE AND		ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT JITY OF FINE AND										
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY				
									Page 5				

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION

NAME

ADDRESS

610 Menhaden Rd

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

003 VA0003867 DISCHARGE PERMIT NUMBER NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

2008

05

31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

01

05

2008

FROM

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
TEMPERATURE, WATER (DEG. C)	REPORTO	*****	*****		*****			_				
PARAM CODE: 080	REQRMNT	MINISTER TO BE SEE			emantificante	NL NL	NL NL	С		1/DAY	IS.	
COPPER, DISSOLVED (UG/L AS	REPORTD	••••	1444		*****			UG/L				
	REQRMNT	gran red Charles of	gagaine Wall to be		4	NL.	NL part of the	UG/L	120	1/M	GRAB	
DIL & GREASE	REPORTD			J	*****	*****	*****					
PARAM CODE: 500	REQRMNT	430	780	KG/D		Section of the sale of	and the latest			2/M	GRAB	1

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	PONSIBLE CHARGE						
OVERFLOWS				Theodore	Schultz		1911004868					
	NALTY OF LAW THAT THIS I			TYPED OR PR	INTED NAME	CEI	RTIFICATE NUMBE	R				
MY INQUIRY OF THE	NEL PROPURLY GATHER AND PERSON OR PURSONS WHO I	MANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211				
KNOWLEDGE AND B		COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY HAT THERE ARE SIGNIFICANT									
IMPRISONMENT FOR		18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY			
manus ting manus tin			The state of the s						Page 6			

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 995

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

DAY

31

FACILITY LOCATION

610 Menhaden Rd

FROM YEAR MO DAY TO YEAR MO 2008 05

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

Parameter	1.28	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD				*****		*****					
PARAM CODE: 001	REQRMNT	NL	NL,	MGD		国际公司公司	EARLY TO THE LEGISLE		1000	CONT	EST	
PH	REPORTO	11117	****			*****		011	П			
PARAM CODE: 002	REQRMNT			1 1	6.0		9.0	SU	E.B.	5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		****			110#				
PARAM CODE: 019	REQRMNT	o Balling and the control of	ag Add Chillian Sta		4 * ***** SAM	NL NL	NL	UG/L	沒快低	1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTO	****	****		*****							
PARAM CODE: 080	REQRMNT	(d) (d) (d) (d) (d) (d)	38.72. **** **		7	NL:	45	С		1/DAY	IS .	
SILVER, TOTAL RECOVERABLE	REPORTO		NX.414		****							
PARAM CODE: 186	REQRMNT	Carrie Malayar	GCN-12-TOTAL	1	Special Control	e in y NL average	NL / S	UG/L	480	W 1/M 全海西	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	41211		*****			1104				
PARAM CODE: 448	REQRMNT	edelig Allega				NL NL	NL NL	UG/L	Skip	1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESP	ERATOR IN RESPONSIBLE CHARGE					
OVERFLOWS				Theodore Schultz	1911004868					
		OCUMENT AND ALL ATTACK		TYPED OR PRINTED NAME	CERTIFICATE NUMBER					
MY INQUIRY OF THE RESPONSIBLE FOR GA KNOWLEDGE AND BE	PERSON OR PERSONS WHO MATHERING THE INFORMATIC LLEF TRUE, ACCURATE AND		OSE PERSONS DIRECTLY ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	804-453-4211				

Untitled Page

IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO. DAY

Page 7

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Predischarge After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
. 1		(1119/12)	(9, =/	(g. =)	<u> </u>									
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30	ļ	-	-	 			-	-	-	-	-	-		
31 Date	Time of	BOD	DO	Amm	Temp	pH	Salinity	Time of	BOD	DO	Amm	Temp	pН	Salinity
Date	Sample	(mg/L)	(mg/L)	(mg/L)	°C	pH (SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Tideland

Name of Sample: Ted Schultz

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Name of Vessel: Tideland

Name of Sample: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.
to the same of the
VPDES Permit No.: VA0003867
Report Period: From <u>5/1/08</u> To <u>5/4/</u> 08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technica Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date
Signature of Philopal Officer of Additional Assets

Facility Name: Omega Protein Address: Reedville, VA.
/PDES Permit No.: VA0003867
Report Period: From 5/5/00 To 5/1/100
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Therefore Schultz/Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).
Signature of Principal Officer or Authorized Agent / Date 5, 7008

Facility Name: Omega Protein Address: Reedville, VA.		
VPDES Permit No.: VA0003867	57	
Report Period: From 5/12/08	To <u>5/18/</u> 08	3
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
		8
*Comments on Noncompliance		
Name of Principal Exec. Officer o	or Authorized Agent / Title	
I certify under penalty of law that supervision in accordance with a evaluate the information submitted or those persons directly responsing knowledge and belief true, ac submitting false information, including the contract of the certification of the certifica	this document and all attachments were prepared under my direction system designed to assure that qualified personnel properly gather ed. Based on my inquiry of the person or persons who manage the systible for gathering the information, the information submitted is to the beccurate and complete. I am aware that there are significant penalticularly did not be possibility of fine and imprisonment for knowing violations. See S.C. paragraph 1319. (Penalties under these statutes may include fine prisonment of between 6 months and 5 years).	stem est of es for ee 18
5		

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>51/9/68</u> To <u>5/25</u> 08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Thecobie Schultz / Technica / Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 1 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines ut to \$10,000 and or maximum imprisonment of between 6 months and 5 years). Signature of Principal Officer or Authorized Agent / Date
Signature of Emilipar Officer of Assessment

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 5 126/02 To 5/31/02
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor. Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). Signature of Principal Officer or Authorized Agent / Date

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME:

Omega Protein - Reedville

ADDRESS:

FACILITY

LOCATION:

PO Box 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

610 Menhaden Rd

PERMIT NUMBER

VA0003867

001 DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR MO DAY 01 2008 06

МО DAY YEAR 2008 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

D		OUANT	TTY OR LOADING	100	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB COD
Parameter	- No-1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.		TYPE	SHIP TO SE
LOW	REPORTD	3,226	4,254	1	****	****	****		0	CONT	EST	
	REQRMNT	NL NL	mariny a NL Page 1970	MGD -	*****	6-94**** Red		1		CONT	EST	9
ARAM CODE: 001	NEWS STREET	AND CONTRACTOR OF THE PARTY OF	(0.000 to 0.000 to 11.18		7.31	****	8.24		0	3D/W	GRAB	
H	REPORTD		******	- 1	6.0	200 Pr. 44444 (1965)	9.0	SU	955200	3D/W	GRAB	3
PARAM CODE: 002	REQRMNT	*****	THE MARKET STREET, AND THE PARK	8	partition of the second	****	*****	-	0	3D/W	24HC	1-
BOD5	REPORTD	389.8	789.3	KG/D	*****	20000		4	17000000	3D/W	24HC	4
PARAM CODE: 003	REQRMNT	1700	3100	I KG/D		100 mm			SVESS	LIPEDS CONTRACTOR AND LIGHT	THE RESERVE	£
TSS	REPORTD	141.6	215,8		*****	*****	*****		0	3D/W	24HC	_
	REQRMNT	650	1600	KG/D	() () () () () () () () () ()		011 A ****** G [[45]	ġ.	305	3D/W	24HC	20
PARAM CODE: 004	REPORTD	24444	****		****	NR	NR					
CL2, TOTAL	A17.000424-003	4444	*****	_	*****	580	1200	UG/L	1800	1/DAY	GRAB	St.
PARAM CODE: 005	REQRMNT	mraka kalimaka	****	33	****	0.18	*****	4	0	1/W	24HC	
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.4		KG/D	*****	NMSV	1500 TO 1888 A 1800	MG/L	11524020	oscillation (West State	24HC	2
PARAM CODE: 012	REQRMNT	23	Feel Charles	4	\$28.8.4EXXXX	, mil, m2.0	Acad Targetta		ERNE	2/M	GRAB	-
CYANIDE, TOTAL (AS CN)	REPORTD	****	****		****	16.2	18.7	UG/L	"			_
PARAM CODE: 018	REQRMNT	****	*****	Ų.	HE SH **** / 13/10/-	96	110		保持	2/M	GRAB	10

SERVERAL PERMIT REQUIREMENTS OF COMMENTS: [DIL & GREASE LoadAvg] Please note our contract lab informed me that method EPA 413.1 was innovertantly used for one O&G analysis. The result of that analysis was <5 mg/L. All other O&G results, using the proper method, were <10 mg/L. I'm confident that this datum would have also been PARAMETER-SPECIFIC COMMENTS: [DIL & GREASE LoadAvg] Please note our contract lab informed me that method EPA 413.1 was innovertantly used for one O&G analysis. The result of that analysis was <5 mg/L. All other O&G results, using the proper method, were <10 mg/L. I'm confident that this datum would have also been experienced was used. See attackment OP OG Analysis: 000624 self

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
AND OVERFLOWS	0	0	0	Theodore Sch	ultz		1911004868		
CERTIFY UNDER PE	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACH	MIENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CER	TIFICATE NUMBI	CR	
UALIFIED PERSON	HEL PROPERLY GATHER AND	DRDANCE WITH A SYSTEM DE EVALUATE THE INFORMATION MANAGE THE SYSTEM OR TH	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE 804-453-42		-453-4211	
	A PROPERTY OF THE PARTY OF A STATE OF	IN THE INFORMATION SUBM	ITTED IS TO THE BEST OF MY 📙						
SPONSIBLE FOR G	FLIEF TRUE, ACCURATE AN	O COMPLETE. I AM AWARE TH ON, INCLUDING THE POSSIBIL	AT THERE ARE SIGNIFICANT					I MO.	DAY

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Picdmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM [

YEAR	MO	DAY		YEAR		
2008		01	امرا	2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		OUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION	70	NO.	FREQUENCY	Test 51 (1977)	LAB CODE
ratameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	HE WEST
AMMONIA, AS N	REPORTD	****	****		*****	4.87	8.38	MOII	0	2/M	24HC	1
	REORMNT	night and the second	*****	1 1	(2010) ***** (2001)	NL NL	NL	MG/L	1000	2/M	24HC	į į
PARAM CODE: 039	Self.=6.0% 2610	SHOW SHOW SHOW SHOW	Trestament Chalcalant	\vdash	MATCH CONTRACTOR NEW	##### #####	43.7		0	1/DAY	IS	
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		*****			С	-		IS IS	-
PARAM CODE: 080	REORMNT	Salar **** Salar	高格·金尔 特特 基基基基		CANTER STATE SERVICE		50		(CAVA)	1/DAY	The state of the state of	0
OIL & GREASE	REPORTD	128.9	161.0		****	****	*****		0	3D/W	GRAB	
JIL & OREASE			20A 3	KG/D	777777 # # # # # # WAR	THE RESIDENCE AND ADDRESS OF THE RESIDENCE	UNIOS 0.000 **** USB 1926		155550	3D/W	GRAB	ō.
PARAM CODE: 500	REQRMNT	370	680			844 34 Carlon Section 1	ACCURATION OF THE PARTY.		3409650	THE STREET, SALES	HER GREEN WAR	2

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	NSIBLE CHARGE			
AND OVERFLOWS	0	0	0	Theodore Schultz			1911004868		
CERTIFY UNDER PER	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CER	TIFICATE NUMBI	ER	
HAT HEIREN PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATE MANAGE THE SYSTEM OR TH	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	804-453-4211	
Y INOURY OF THE									
ESPONSIBLE FOR GA	ATHERING THE INFORMATION OF THE AND ACCURATE AND	IN, THE INFORMATION SUBM	IAT THERE ARE SIGNIFICANT			#1 0			

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Omega Protein - Reedville

NAME ADDRESS

PO Box 175

SS POBOX 175

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM

YEAR MO DAY YEAR MO DAY 2008 06 01 TO 2008 06 30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T	OUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION	(- m)= /-	NO.	FREQUENCY	the second secon	LAB CODE
1 - 1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.		C41115 - 177-18	01116-7174
REPORTD	0.177	0.245		****	*****	****		0	CONT	MEAS	
	INC. THE NL WHATE	NL NL	MGD	****	*****	OF THE STATE OF THE STATE OF	E	1371-14F1 1131-14F1	CONT	MEAS	ž.
REPORTD	****	****		8.14	****	8.88	CII	0	2D/W	GRAB	
	REPORTD REQRMNT REPORTD	AVERAGE REPORTD 0.177 REQRMNT NL	REPORTD 0.177 0.245 REQRMNT NL NL	AVERAGE MAXIMUM UNITS REPORTD 0.177 0.245 REQRMNT NL NL	AVERAGE MAXIMUM UNITS MINIMUM	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX.	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX. OF ANALYSIS	QUANTITY OR LOADING

TOTAL FLOW(M.

PARAM CODE: 002	REQRMNT	39444	****	1	6.0	E ALES	9.0		1	2D/W	GRAB
3OD5	REPORTO	7.57	7.57		*****	*****	****		0	2/M	24HC
	REORMNT	470	840	KG/D	*****	kaisa ***** akain	##### # B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B		5 to 24	2/M	24HC
PARAM CODE: 003	REPORTD	31.3	31.3		*****	*****	*****		0	2/M	24HC
PARAM CODE: 004	REORMNT	160	410	KG/D	***** J. A.	****	阿拉斯斯	90	强强数	2/M	24HC
COLIFORM, FECAL	REPORTD	****	****		****	130	****	N/CML	0	1/W	GRAB
PARAM CODE: 006	REQRMNT	*****	*****	1	- 14.************************************	NL	A CAN ASSERTED	N/CIVIL	505 S	1/W	GRAB
PHOSPHORUS, TOTAL (AS P)	REPORTD	2.54	****	uan.	*****	4.19	*****	MG/L	0	1/W	24HC
PARAM CODE: 012	REQRMNT	NL	Company ***** (1991)	KG/D	9-10-25 **** ********************************	NL NL	把到地 加加設	MOL	7.45	I/W	24HC
AMMONIA, AS N	REPORTD	*****	*****	\vdash	*****	1.75	1.75	MG/L	0	2/M	24HC
PARAM CODE: 039	REQRMNT		Brase *****	1	- 30 **** 0.23%	38	₩ . 45 (1 · · · · · · · · · ·	MO/L		2/M	24HC

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

TOTAL

TOTAL BOD5(K.G. BYPASSES OCCURENCES G.) AND OVERFLOWS I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF M KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penaltics under these

states may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

.)		OPERATOR IN RESPO	R IN RESPONSIBLE CHARGE					
T	Theodore Sci	hultz	1911004868					
t	TYPED OR PRINT	'ED NAME	CER	CERTIFICATE NUMBER				
L	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	TELEPHONE 804-453-4211				
-	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY		
1	THE ORTRIVIED WATE					Page		

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS PO Box 175

Reedville, VA 22539

002 VA0003867 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

YEAR MO DAY YEAR MO DAY 2008 06 30 06 01 2008 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEPT. OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Piedmont Regional Office

4949-A Cox Road Glen Allen, VA 23060

Parameter		OUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	a compa
TEMPERATURE, WATER (DEG. C)	REPORTD		****	1	****	28.0	29,4	- 0	0	2D/W	IS	
PARAM CODE: 080	REQRMNT	****	****	1 1	ali sy iii ta ah	NL NL	NL NL	C	V. greta	30 2D/W	IS	4
ENTEROCOCCI	REPORTD	****	*****		****	>2420	****	N/CML	0	1/W	GRAB	
PARAM CODE: 140	REQRMNT	7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*****	1 1	****	NL	See All Styles Leading	N/CIVIL		1/W	GRAB	2
OIL & GREASE	REPORTD	6.06	6.06		****	****	*****		0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	25	46	KG/D	11.04**** (Sent.	*****			1077	2/M	GRAB	M

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	OPERATOR IN RESPONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore S	Schultz	1911004868			
UNDER MY DIRECTION	NALTY OF LAW THAT THIS D ON OR SUPERVISION IN ACCO	RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRI	NTED NAME	CER	TIFICATE NUMBI	€R	
MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO N	IANAGE THE SYSTEM OR THE	OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE		804	1-453-4211	
KNOWLEDGE AND B	ATHERING THE INFORMATIO IELIEF TRUE, ACCURATE AND IMITTING FALSE INFORMATIO	COMPLETE, I AM AWARE TH	ITTED IS TO THE BEST OF MY AT THERE ARE SIGNIFICANT ITY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS. SEE	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	мо.	DAY
Distance time, several time	V 41 10 01111111111111111111111111111111								Page 4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

003

2008

МО

06

DAY

30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

PO Box 175 ADDRESS

Reedville, VA 22539

DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR

01

VA0003867

FACILITY

LOCATION

610 Menhaden Rd

NO DISCHARGE: X

06

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	1	QUANT	TITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	LAB CODI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	
FLOW	REPORTD	****			****	****	****					
PARAM CODE: 001	REQRMNT	NL NL	NL NL	MGD	*****	# 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1			2012	CONT	EST	io.
PH	REPORTD	****	****	T	****	****	****	su				
PARAM CODE: 002	REQRMNT	7.30 **** Go. E.	****	i i	6.0		9.0	30	認識	2/M	GRAB	
BOD5	REPORTD	*****		1 1	****	****	****	7				
PARAM CODE: 003	REQRMNT	4300	7700	KG/D	*****	20/20/2000	Tall Burne		調箱	2/M	24HC	á
TSS	REPORTD	****	1	1	****	****	****					
PARAM CODE; 004	REQRMNT	110	280	KG/D	*****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	现的"类"。现实		97/628	2/M	24HC	4
DO	REPORTD	****	非非常非常	\Box	水油油水平	****	****	1404				1
PARAM CODE: 007	REQRMNT	*****	*****	ii	NL NL	- NL	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ MG/L	生態	I/DAY	GRAB	\$8 \$1
PHOSPHORUS, TOTAL (AS P)	REPORTD	****	****		****	****	****	1.00				
PARAM CODE: 012	REQRMNT	3.0	istalia ***** alien	KG/D	Pir professional de la companya de l	2.0	*****	MG/L	COME.	1/W	24HC	100 200
AMMONIA, AS N	REPORTD	*****	****		非水水水本	*****	****	1407				
PARAM CODE; 039	REQRMNT	****	Najasa titi adag	1 1	21678 **** ** 1.55%	37	45	MG/L	門部	2/M	24HC	摄

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPO	ONSIBLE CHARGE
OVERFLOWS				Theodore Schultz	1911004868
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH ORDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER
QUALIFIED PERSONN MY INQUIRY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO P	EVALUATE THE INFORMATION	ON SUBMITTED, BASED ON DSE PERSONS DIRECTLY		

RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELBE TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE BY U.S.C. & 1001 AND 33 U.S.C. & 1319, (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	1-453-4211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
					Page 5

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 003

PERMIT NUMBER

MONITORING PERIOD

R MO DAY

YEAR MO DAY

FACILITY

LOCATION

610 Menhaden Rd

FROM YEAR MO DAY YEAR 2008 06 01 TO 2008

YEAR MO DAY
2008 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

		OHANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		LAB CODE
Parameter	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	PROBLEM OF
TEMPERATURE, WATER (DEG. C)	REPORTD	****	****		****	*****	****	С				
	REQRMNT	Harris ***** 15 222	*****	1		NL	NL		製製	1/DAY	IS	
PARAM CODE: 080 COPPER, DISSOLVED (UG/L AS	REPORTD	****	****		****	****	****					
CU)	REQRMNT	Action Control of the	*****	1		NL	NL	UG/L	(50 kg)	1/M	GRAB	
PARAM CODE: 442 DIL & GREASE	REPORTD	****			本本本中本	****	****					
PARAM CODE: 500	REQRMNT	430	780	KG/D	Marine Carlon	Philipping.			550	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPON					
AND OVERFLOWS				Theodore Schultz			1911004868			
CERTIFY UNDER PE	NALTY OF LAW THAT THIS	OCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRINTED NAME CERTIFICATE				IFICATE NUMBER		
QUALIFIED PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO	EVALUATE THE INFORMATION ON THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804	I-453-4211		
	ATHERING THE INFORMATION	ON, THE INFORMATION SUBM COMPLETE, LAM AWARE TH	ITTED IS TO THE BEST OF MY					мо.		
KNOWI FORF AND RI	LIEF TRUE, ACCURATE AN	ON, INCLUDING THE POSSIBIL	ITY OF FINE AND				YEAR		DAY	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867 995

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION

610 Menhaden Rd

FROM

YEAR	МО	DAY		YEAR	MO	DAY
2008	06	01	То	2008	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	TTY OR LOADING	V	Value of the N	QUALITY OR CON-	CENTRATION		NO.		SAMPLE	LAB CODE
A minister	2.5	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	E GRANT STORY CONTRACTOR	TYPE	Prize with
FLOW	REPORTD	3.194	4.212		*****	*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL	MGD	A **** (81)	*****	WAR TO THE STATE OF THE STATE O			CONT	EST	8
PH CODE: 001	REPORTD	****	****		7.52	****	8.35	SU	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	Haring *****	*****	1	6.0	感点**** ********************************	9.0	50	5,000	5D/W	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	****	****		*****	5.3	5.3	LIC/I	0	I/M	24HC	
, , ,	REQRMNT	**************************************	or or the state of	1	SESS. ***** (V.)	NL	NL NL	UG/L	學是這	1/M	24HC	X.
PARAM CODE: 019 TEMPERATURE, WATER (DEG. C)	REPORTD	25555	****		*****	36.5	44.9		0	I/DAY	1S	1
	REQRMNT	02-1-0-2 44444 3 (507)	101 P. L. ***** 45 853/	1	70 F 3***********************************	NL	45	С	3.250	I/DAY	IS	# P
PARAM CODE: 080 SILVER, TOTAL RECOVERABLE	REPORTD	##### #####	*****		*****	<ql< td=""><td><ql< td=""><td>110#</td><td>0</td><td>I/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td>110#</td><td>0</td><td>I/M</td><td>24HC</td><td></td></ql<>	110#	0	I/M	24HC	
	REQRMNT	erreik - ****** (1) jest	1 ginere*****		ish emilione and solution	NL	NL NL	UG/L	1000	1/M	24HC	R
PARAM CODE; 186 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	****	****	1	****	<ql< td=""><td><ql< td=""><td></td><td>0-</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0-</td><td>1/M</td><td>GRAB</td><td></td></ql<>		0-	1/M	GRAB	
PARAM CODE: 448	REQRMNT	****			4.00 ***** L.201	NL NL	NL NL	UG/L		1/M	GRAB	2

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPON					
AND OVERFLOWS	0	0	0	Theodore S	1911004868					
I CERTIFY UNDER PER	VALTY OF LAW THAT THIS E	OCUMENT AND ALL ATTACH ROANCE WITH A SYSTEM DE	IMENTS WERE PREPARED	TYPED OR PRIM	TYPED OR PRINTED NAME CERTIFICATE NU		TIFICATE NUMBI	ATE NUMBER		
QUALIFIED PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO M	EVALUATE THE INFORMATION OF THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSH PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	804	-453-4211		
KNOWLEDGE AND BE	LIEF TRUE, ACCURATE AND	IN, THE INFORMATION SUBMI COMPLETE, I AM AWARE TH ON, INCLUDING THE POSSIBIL	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE	in U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME SIGNATURE			YEAR	MO.	DAY	
parameter many include miles	ap to step to step of the kitherin								Page 7	

OMEG	GA +			DMR	REPO	RTING
	TIT 4th			C	ockrell C	reek
REEDV	ILLE, VA					
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)
001	9-Jun-08	8:33	28.3	8.35	0.26	12
002	9-Jun-08	8:25	28.5	8.44	0.14	11
995	9-Jun-08	8:36	28.5	8.22	0.56	12

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

	Time of							Time of						0 " "
Date	Sample	BOD	DO	Amm	Temp °C	pH SU	Salinity ppt	Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
. 1		(mg/L)	(mg/L)	(mg/L)		30	ррі		(mg/L)	(1119) 2/	(9, _)	<u> </u>		
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28	20:00	<2	8.01	<0.1	26.90	8.29	12.00	20:30	5	7.92	<0.1	27.30	8.37	12.00
29						- 14-1								
30														
31														
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Shearwater

Name of Sample: Ted Schultz

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH SU	Salinity ppt
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28	16:00	<2	7.83	<0.1	27.30	8.32	12.00	16:30	<2	7.74	<0.1	27.20	8.41	12.00
29														
30														
31														لــــا
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	pH (SU)	Salinity ppt

Name of Vessel: Dempster

Name of Sampler: Ted Schultz

Facility Name: Omega Protein Address: Reedville, VA.

VPDES Permit No.: VA0003867 Report Period: From 6/1/08 To	618158
Report Period: From	
Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
<u></u>	
*Comments on Noncompliance	
Name of Principal Exec. Officer or	
supervision in accordance with a sylvatron evaluate the information submitted. or those persons directly responsible my knowledge and belief true, accusubmitting false information, includious. C. paragraph 1001 and 33 U.S. and or maximum imprise	is document and all attachments were prepared under my direction of system designed to assure that qualified personnel properly gather and Based on my inquiry of the person or persons who manage the system of for gathering the information, the information submitted is to the best of urate and complete. I am aware that there are significant penalties for my the possibility of fine and imprisonment for knowing violations. See 18 of the comment of between 6 months and 5 years).

Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From 6 19 102 To 6115108
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). Signature of Principal Officer or Authorized Agent / Date

Facility Name: Omega Address: Reedville, V	. Protein A.			
VPDES Permit No.:	VA0003867			
Report Period: From	6/6/08 To 6/2	14 08		
Paint Area	COM	MPLIANCE / NON (check as appr	VCOMPLIANCE * opriate)	
,				
		8-38-37		
-				II.
*Comments on Nonc	<u>ompliance</u>	,		
Theodore Name of Principal Ex	Schultz cec. Officer or Authori	Zed Agent / Title	1 Super	1150r
I certify under penalt supervision in accordevaluate the information those persons directly with the submitting false infor U.S.C. paragraph 10 to \$10,000 and or meaning false information of the submitting false information.	y of law that this docu dance with a system of tion submitted. Based ectly responsible for ga delief true, accurate an	ument and all attach designed to assure d on my inquiry of the athering the informa nd complete. I am possibility of fine and agraph 1319. (Pena at of between 6 mor	e person or persons tion, the information aware that there ar d imprisonment for k	red under my direction or onnel properly gather and s who manage the system submitted is to the best of re significant penalties for snowing violations. See 18 atutes may include fines up

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867 Report Period: From 6 23/02 To 6/34/02
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance Theodore Schultz/Technical Supervisor
Name of Principal Exec. Officer or Authorized Agent / Title
supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or those persons directly responsible for gathering the information, the information submitted is to the best or my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years). **Cobact Vac Bruggo** Signature of Principal Officer or Authorized Agent / Date** **Date** Signature of Principal Officer or Authorized Agent / Date**

PERMITTEE NAME/ADDRESS (INCLUDE

FACILTY NAME/LOCATION IF DIFFERENT)

NAME: ADDRESS: Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION: 610 Menhaden Rd

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

001 VA0003867 DISCHARGE PERMIT NUMBER NUMBER MONITORING PERIOD YEAR МО DAY YEAR MO DAY 31 07 07 01 2008 2008

FROM

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		QUANT	ITY OR LOADING	T		QUALITY OR CON	CENTRATION	1400	NO.	FREQUENCY	SAMPLE	LAB
Parameter	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	DISTRICT (SEE FOX	CODE
	DEPORTO	3.550	4,254	+	****	*****	****		0	CONT	EST	
LOW	REPORTD		111111111111111111111111111111111111111	MGD -	Security of the second	Name of the state of the state of the	The complete should	1	(Excins)	CONT	EST	1
ARAM CODE: 001	REQRMNT	NL	NL, NL		History No. 1964	A STATE OF THE PARTY OF THE PAR	201		0	3D/W	GRAB	
PH	REPORTD	****	11111		6.76		7.94	. su	L _v		L 020200 L	4
	REQRMNT	E-0700 #### - 3-3-10/10	\$100 May 1888 \$1 7.546	38	6.0	以外的基础的基础的	9.0		所担	3D/W	GRAB	
PARAM CODE: 002	Heready Cale Co.	Southern State (1997)	OFF.	100	****	ESST.	****		0	3D/W	24HC	
BOD5	REPORTD	299	955	KG/D	res rimites de	ACCUSED WITH SALESON	HARMAN AND THE RESERVE AND THE	1	Algorithm (3D/W	24HC	1
PARAM CODE: 003	REQRMNT	1700	3100		(1) [2] 中国首体	音名がその日本を表記録	4 The Way we story	1	15000	3D/W	24HC	_
TSS	REPORTD	204	576			****	*****		0			4
155		650	1600	KG/D	Later Court	THE WILL PROPERTY			13.85	3D/W	24HC	
PARAM CODE: 004	REQRMNT	TOTAL TOTAL STATE	****	gird	the Market Wet Chin	NR	NR	1	1			
CL2, TOTAL	REPORTD	****		[2000 1100			UG/L	03111-650	I 1/DAY	GRAB	1
DADAM CODE: 00E	REQRMNT	(e.e.(x),****** j23),X31	foregar "Tireba	41	FAST TAKE	580	1200	5	1558	12-320-130-14-150-0280	THE WAY THE	1-
PARAM CODE: 005	REPORTD	5.48	1010		****	0.34	4664	MG/L	0	1/W	24HC	1
PHOSPHORUS, TOTAL (AS P)			1001	KG/D	4440 S.S.P.7	2.0	Car Contraction	MG/L	验证	1 <i>W</i>	24HC	
PARAM CODE: 012	REQRMNT	23	in the same and	591	****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>2/M</td><td>GRAB</td><td></td></ql<>		0	2/M	GRAB	
CYANIDE, TOTAL (AS CN)	REPORTD	****	*****		0-457			UG/L	95/250		GRAB	1
PARAM CODE: 018	REQRMNT		E CLEANER A	3	*****	96	110	Ň.	路沿	2/M		

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND -		0	0	Theodore So	chultz		1911004868		
COPTORY LOUDING BIS	NALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACK	HMENTS WERE PREPARED	TYPED OR PRIN	TED NAME	CEF	RTIFICATE NUMBE	R	
UALIFIED PERSONN	HEL PROPERLY GATHER AND	ORDANCE WITH A SYSTEM DI EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	ION SUBMITTED, BASED ON HOSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	R OR AUTHORIZED AGENT	TELEPHONE	804	453-4211	
ESPONSIBLE FOR G	ATHERING THE INFORMATION	N, THE INFORMATION SUBM COMPLETE LAM AWARE TH	HAT THERE ARE SIGNIFICANT						
NALTIES FOR SUBI	MITTING FALSE INFORMATIONS, SEIN OF THE STORMATIONS, SEIN OF THE STORMATIONS, SEIN OF THE STORMATION O	ON, INCLUDING THE POSSIBILE 18 U.S.C. & 1001 AND 33 U.S.C.	C. & 1319. (Pentities under mese	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867
PERMIT NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

FACILITY

LOCATION

610 Menhaden Rd

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Decemeter		QUANT	TY OR LOADING	77		QUALITY OR CON	CENTRATION	BANT OF LIGHT	NO.	FREQUENCY	SAMPLE	LAB
Parameter		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
AMMONIA, AS N	REPORTD	****	*****		****	4.63	8.18		0	2/M	24HC	
ASSECTION OF THE SECOND	REQRMNT	TANIMAR STANDARD	Sales (**** 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1.5	NL	NL	MG/L	D.C.	2/M	24HC	
PARAM CODE: 039 TEMPERATURE, WATER (DEG. C)	\$140,000 PACE.	180(2) (12) et diuchi (17)	DENERAL STREET		READ	****	37.6		0	1/DAY	IS	
TEMPERATURE, WATER (DEG. C)	REQRMNT	Participal ************************************	17-01-01-1 **** >2500		**************************************		50	С	9/8/22	1/DAY	IS	
PARAM CODE: 080	Z.145003544	With the Court of the San State of San State	In the Levian HARRES		AND DESCRIPTIONS	CONTRACTOR TO STATE OF STATE O	ALTER AND ADDRESS OF THE PERSON OF THE PERSO		0	3D/W	GRAB	
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PARAM CODE: 500	REQRMNT	370	680			ARTHUR REPORT			(MU25)	AND SECTIONS	a telegrapita a	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

DADAMETER SPECIFIC COMMENTS:

NAME

ADDRESS

SYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND VERFLOWS	0	0	0	Theodore So	chultz		1911004868		
ERTIFY UNDER PER	VALTY OF LAW THAT THIS I	DOCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DE	HMENTS WERE PREPARED	TYPED OR PRINT	red name	CEF	RTIFICATE NUMBE	R	
ALIFIED PERSONN	EL PROPERLY GATHER AND PERSON OR PERSONS WHO I	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
SPONSIBLE FOR GA	THERING THE INFORMATION AND THE TRUE, ACCURATE AND	ON, THE INFORMATION SUBM COMPLETE I AM AWARE TO	HAT THERE ARE SIGNIFICANT						
PRISONMENT FOR	AITTING FALSE INFORMATIONS SEL KNOWING VIOLATIONS, SEL 1 up to \$10,000 and/or maximum	ON, INCLUDING THE POSSIBIL E 18 U.S.C. & 1001 AND 33 U.S.C	C. & 1319, (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

Omega Protein - Reedville PO Box 175

Reedville, VA 22539

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0003867

PERMIT NUMBER

002

DISCHARGE NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION

610 Menhaden Rd

MONITORING PERIOD YEAR DAY YEAR MO DAY 2008 07 31 2008 07 01 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter		QUANT	TY OR LOADING		T FEW WAY	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	LAB
Land of the land o		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	.151	.224	1	*****		****		0	CONT	MEAS	
PARAM CODE: 001	REQRMNT	NL NL	NL	MGD		489 h ****	21,652 111 1408/8		68/63	CONT	MEAS	
PH PH	REPORTD	*****	****		7.68	*****	8.42	SU	0	2D/W	GRAB	
PARAM CODE: 002	REQRMNT	rikajizawi zasaliwa i	The state of the s	5	6.0	90	9.0	30		2D/W	GRAB	
BOD5	REPORTD	16.0	25.0	1,075	*****	•••••	20000		0	2/M	24HC	
PARAM CODE: 003	REQRMNT	470	840	KG/D			BALL ASSESSE		温路	2/M	24HC	
TSS	REPORTD	33.2	49.1	1	*****	*****	****		0	2/M	24HC	
PARAM CODE: 004	REQRMNT	160	410	KG/D	ow business and		Lander Carlo Marketon		1254	2/M	24HC	
COLIFORM, FECAL	REPORTD	****	*****		*****	92	*****	N/CML	0	1/W	GRAB	
PARAM CODE: 006	REQRMNT	and a state of the	C. S. W. T. S. W.	9		NL	****	14/CIVIL	9543	1/W	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	6.99	*****	11010		9.78	*****	MG/L	0	1/W	24HC	
PARAM CODE: 012	REQRMNT	NL	1500 cm to ***** 0.00 (Sec.	KG/D		NL:	1215 1 1 1 1 1 1 1 1 1 1	IVIGIL	開題	1/W	24HC	
AMMONIA, AS N	REPORTD	****	****		••••	8.95	15.6	MG/L	0	2/M	24HC	
PARAM CODE: 039	REQRMNT		**************************************	af		38	45	IVIG/L	12.1	2/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
OVERFLOWS	0	0	0	Theodore So	chultz		1911004868		
	NALTY OF LAW THAT THIS D			TYPED OR PRINT	red name	CEF	RTIFICATE NUMBE	R	
QUALIFIED PERSONN MY INQUERY OF THE	NEL PROPERLY GATHER AND PERSON OR PERSONS WHO A	EVALUATE THE INFORMATION ANAGE THE SYSTEM OR THE	ON SUBMITTED, BASED ON OSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	453-4211	
KNOWLEDGE AND B	ATHERING THE INFORMATIO ELIEF TRUE, ACCURATE AND MITTING FALSE INFORMATIO	COMPLETE I AM AWARE TH	ITTED IS TO THE BEST OF MY IAT THERE ARE SIGNIFICANT ITTY OF FINE AND						
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEE sup to \$10,000 and/or meximum	18 U.S.C. & 1001 AND 33 U.S.C	. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY Page 3

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

Omega Protein - Reedville

ADDRESS PO Box 175

Reedville, VA 22539

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

> 002 VA0003867 DISCHARGE PERMIT NUMBER NUMBER

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

FACILITY LOCATION

610 Menhaden Rd

MONITORING PERIOD DAY MO YEAR MO DAY YEAR 07 01 2008 31 2008 07 FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		QUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION	(1) 9(1) (1) (1)	NO.	FREQUENCY	SAMPLE	LAB
Parameter	12.7	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	# 2 4 - CHO 14 CONT. 1 CO.	CODE
TEMPERATURE, WATER (DEG. C)	REPORTO		****		****	26.2	30.5	_	0	2D/W	IS	
TEMPERATURE, WATER (DEG. C)		a recommendate	Name of World Street		Technologies and Secre	ALSWEY NL - 12-2	NL NL	C	1995 B.V	2D/W	IS	
PARAM CODE: 080	REQRMNT		FIGURE PROPERTY		REAL PROPERTY.	>2420	Residence of the Control of the Cont		0	1/W	GRAB	
ENTEROCOCCI	REPORTD	****			2 - V-11110 - Z-30-V-8		JONES CONTRACTOR	N/CML	V0.642.0	1W	GRAB	
PARAM CODE: 140	REQRMNT	Particular Edison	《 外别中国》於 400至3		2. 电影响 如何是 2000年间。	NL NL	《节》和《香料》的图形《		ASSESS:	2/M	GRAB	
DIL & GREASE	REPORTD	<ql< td=""><td><ql< td=""><td>VOID</td><td>****</td><td>*****</td><td>.come</td><td>1</td><td>0</td><td></td><td></td><td>4</td></ql<></td></ql<>	<ql< td=""><td>VOID</td><td>****</td><td>*****</td><td>.come</td><td>1</td><td>0</td><td></td><td></td><td>4</td></ql<>	VOID	****	*****	.come	1	0			4
PARAM CODE: 500	REQRMNT	25	46	KG/D	region British	August Survey	banar 1961.		760 E S	2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

TOTAL

TOTAL BOD5(K.G.) BYPASSES OCCURENCES G.) AND 0 **OVERFLOWS** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUITY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELLIEF TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these

TOTAL FLOW(M.

	OPERATOR IN RESPO	ONSIBLE CHARGE			
Theodore So	chultz		1911004868	*************************************	
TYPED OR PRIN	TED NAME	CER	TIFICATE NUMBE	ER	
PRINCIPAL EXECUTIVE OFFICER	R OR AUTHORIZED AGENT	TELEPHONE	804	4-453-4211	
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
TIPED ON PRINTED NAME					Page

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME

FACILITY

LOCATION

Omega Protein - Reedville

statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

PO Box 175 ADDRESS

Reedville, VA 22539

610 Menhaden Rd

DISCHARGE PERMIT NUMBER NUMBER MONITORING PERIOD DAY YEAR MO DAY YEAR MO 2008 07 31 2008 07 01

003

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Pledmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

FROM

VA0003867

AVERAGE	TITY OR LOADING MAXIMUM	1								CODE
	MICKINION	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
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1,111	****					su		204	CDAD	
an steel "C solud		1 [6.0		OF TAXABLE PARTIES.		210	AT THE ZING ALLERS	GIVAD	
			*****	*****						4
1	****	NL NL NL	T NL NL NL NL T	T NL NL MGD	T NL NL NL MGD	MGD MGD	NL NL NL SU SU SU	T NL NL MGD SU 5.0	T NL NL MGD	T NL NL CONT EST 1

ued rage	*			KG/D	Marin - 44444.Co.y-1.07	****	154900 N ***** 154 AB.		1,400.5	2/M	24HC
PARAM CODE: 003	REQRMNT	4300	7700	KOD			8400 E. F. 1862 C.E.		12000	WE this must disting	State of the Control
SS SS	REPORTD			KG/D	••••	****				204	24HC
	REQRMNT	110	280	KG/D	y for 25 Notes				UNES	.2/M	24110
PARAM CODE: 004	REPORTD	**X#X	****				****	MG/L		1517	GRAB
Martine.	REQRMNT	Bettappan *** Zee = 177 gifts			NL	NL 1	ALCOHOLD SECTION		235	1/DAY	GRAB
PARAM CODE: 007 PHOSPHORUS, TOTAL (AS P)	REPORTD	SAFANI (20) AN THE CONTROL OF	*****	KG/D	*****			MG/L		400	24HC
	REQRMNT	3.0	THE RESIDENCE	KG/D	SEAT PLANTERS	2.0	1000 A 100 200		E ME	1/W	2410
AMMONIA, AS N	REPORTD	*****	****		****			MG/L		Developed the state of the stat	24HC
PARAM CODE: 039	REQRMNT	magga."" wolf	The state of the s	1	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37	45		448	2/M	24110

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES	TOTAL OCCURENCES	TOTAL FLOW(M.	TOTAL BOD5(K.G.)		OPERATOR IN RESPO	ONSIBLE CHARGE			
AND OVERFLOWS	OCCURENCES	0.,		Theodore So	:hultz		1911004868		
	NALTY OF LAW THAT THIS	DOCUMENT AND ALL ATTAC	HIMENTS WERE PREPARED	TYPED OR PRINT	ED NAME	CEF	RTIFICATE NUMBE	R	
INDER MY DIRECTIC	N OR SUPERVISION IN ACC EL PROPERLY GATHER AND	ORDANCE WITH A SYSTEM D DEVALUATE THE INFORMAT MANAGE THE SYSTEM OR TH	ION SUBMITTED. BASED ON HOSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED AGENT	TELEPHONE	804	-453-4211	
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CONTRACTOR AND PROPERTY OF	AS SKULLY TOTAL STRINGS OF	E 18 U.S.C. & 1001 AND 33 U.S. imprisonment of between 6 mont	C. & 1319 (Perfatties under these	TYPED OR PRINTED NAME	SIGNATURE				Page

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office 4949-A Cox Road

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME ADDRESS Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

VA0003867

PERMIT NUMBER

DISCHARGE
NUMBER

MONITORING PERIOD

FACILITY

LOCATION

610 Menhaden Rd

FROM 2008 07 01 TO 2008 07 31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NO DISCHARGE: X

		QUANTI	TY OR LOADING	_		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE	CODE
Parameter	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	To the second	CODE
EMPERATURE, WATER (DEG. C)	REPORTD	*****	11111		*****			С			market HOTHERMAN	1
PARAM CODE: 080	REQRMNT	Same What same	A CHARLES		es than being	NL 1	NL NL		Will (8)	1/DAY	IS	
	REPORTD	*****	****					UG/L				
CU)	REQRMNT			- 1	rukana di Berrata	NL .	NL	UGIL	地流	1/M	GRAB	
PARAM CODE: 442	Assumited that	AND THE PARTY OF SHEET	Evine wileys pate		ACTIVATE STATEMENT AT	umana a translator	19190 100 100 100 100 100 100 100 100 10			No. of the last of		
OIL & GREASE	REPORTD			KG/D	Schiller.	11111	and the second second second		CHNISS	2/M	GRAB	4
PARAM CODE: 500	REQRMNT	430	780	110/2	三	Polytical Braffel	1970年7月5日本日本1月		186,936	NATIONAL PROPERTY.	DEATH THE REAL	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	**************************************						
OVERFLOWS				Theodore	Schuliz	1911004868				
UNDER MY DIRECTIO	ON OR SUPERVISION IN ACCO	DOCUMENT AND ALL ATTACE ORDANCE WITH A SYSTEM DI	ESIGNED TO ASSURE THAT	TYPED OR PR	CERTIFICATE NUMBER					
MY INOUIRY OF THE	PERSON OR PERSONS WHO	EVALUATE THE INFORMATI MANAGE THE SYSTEM OR TH	IOSE PERSONS DIRECTLY	PRINCIPAL EXECUTIVE OFFIC	TELEPHONE	E 804-453-4211				
KNOWLEDGE AND B	ELIEF TRUE, ACCURATE ANI	on, the information subm o complete, I am aware th on, including the possibil	HAT THERE ARE SIGNIFICANT							
IMPRISONMENT FOR	KNOWING VIOLATIONS, SEL	2 18 U.S.C. & 1001 AND 33 U.S.C imprisonment of between 6 month	C. & 1319. (Penalties under these	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	
									Page 6	

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

995

DISCHARGE

NUMBER

(REGIONAL OFFICE) Piedmont Regional Office 4949-A Cox Road

DEPT. OF ENVIRONMENTAL QUALITY

Glen Allen, VA 23060

PERMITTEE NAME/ADDRESS (INCLUDE FACILTY NAME/LOCATION IF DIFFERENT)

NAME **ADDRESS** Omega Protein - Reedville

PO Box 175

Reedville, VA 22539

FACILITY LOCATION

610 Menhaden Rd

MONITORING PERIOD YEAR МО DAY YEAR MO DAY 01 2008 07 31 2008 07

VA0003867

PERMIT NUMBER

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Parameter	JID NU	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	LAB
S S one Dance Par	1.574	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	3.514	4.212			*****	*****		0	CONT	EST	
PARAM CODE: 001	REQRMNT	NL	NL, - NL	MGD	A SETTINGS	100000000000000000000000000000000000000	Law Section			CONT	EST	1
	REPORTD	*****	*****		7.35	*****	8.17	011	0	5D/W	GRAB	
PARAM CODE: 002	REQRMNT	NICES STATE	PART A STANFAR		6.0	New State	9.0	SU		5D/W	GRAB	
	REPORTD	*****	****			5.5	5.5	110#	0	1/M	24HC	
PARAM CODE: 019	REQRMNT	niko e bota ete	(1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年) (1995年)			NL NL	NL D	UG/L	经制格	1/M	24HC	
TEMPERATURE, WATER (DEG. C)	REPORTD	4444	****			33.6	38.5	_	0	1/DAY	18	
PARAM CODE: 080	REQRMNT		galaire Chegolia			NL Train	45	С	Male.	1/DAY	ll S	
2301000000000	REPORTD	****		i	*****	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>24HC</td><td></td></ql<>		0	1/M	24HC	
PARAM CODE: 186	REQRMNT	s y state	(1948) (1948) A. (1949)		paga i-10 Maganita	ijer iv. NL _{ijer} sjers	NL 6 garage	UG/L	N.S.	4.0 - 1/M	24HC	
ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		7000	<ql< td=""><td><ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<></td></ql<>	<ql< td=""><td></td><td>0</td><td>1/M</td><td>GRAB</td><td></td></ql<>		0	1/M	GRAB	
PARAM CODE: 448	REORMNT		espoint is Espoin		the second rest to	NL	NL	UG/L	SIGN	1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:

PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND	TOTAL OCCURENCES	TOTAL FLOW(M. G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE							
OVERFLOWS	0	0	0	Theodore Schultz	1911004868						
UNDER MY DIRECTIO	N OR SUPERVISION IN ACCO	OCUMENT AND ALL ATTACH RDANCE WITH A SYSTEM DE	SIGNED TO ASSURE THAT	TYPED OR PRINTED NAME	CERTIFICATE NUMBER						
QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIFFECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	804-453-4211					
KNOWLEDGE AND BI	ELIEF TRUE, ACCURATE AND		AT THERE ARE SIGNIFICANT								

Untitled Page

IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penelties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED NAME

SIGNATURE

YEAR

MO. DAY

Page 7

OMEC	GA EIN-	1		DMR REPORTING				
1101				Co	ockrell C	reek		
REEDVI	LLE, VA							
Outfall (20' from)	Date	Time	Temp (°C)	pH (SU)	Ammonia (mg/l)	Salinity (ppt)		
001	1-Jul-08	13:35	30.2	8.15	<0.10	12		
002	1-Jul-08	13:25	30.5	8.23	0.21	12		
995	1-Jul-08	13:42	30.8	6.65	0.41	12		

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge

Date	Time of Sample	BOD	DO	Amm	Temp	pН	Salinity	Time of	BOD	DO	Amm	Temp	рН	Salinity
Date	Sample	(mg/L)	(mg/L)	(mg/L)	°C	SU	ppt	Campia	(mg/L)	(mg/L)	(mg/L)	°C	su	ppt
1					Î									
2											1112-111			
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30	8:45	<2	6.63	<0.1	27.6	8.03	23	9:10	7.9	7.32	0.13	27.4	8.41	18
31	Theres	900		Amm	Tomp	рН	Salinity	Time of	BOD	DO	Amm	Temp	pН	Salinity
Date	Time of Sample	BOD (mg/L)	DO (mg/L)	Amm (mg/L)	Temp °C	(SU)	ppt	Sample	(mg/L)	(mg/L)	(mg/L)	°C	(SU)	ppt

Name of Vessel: Dempster

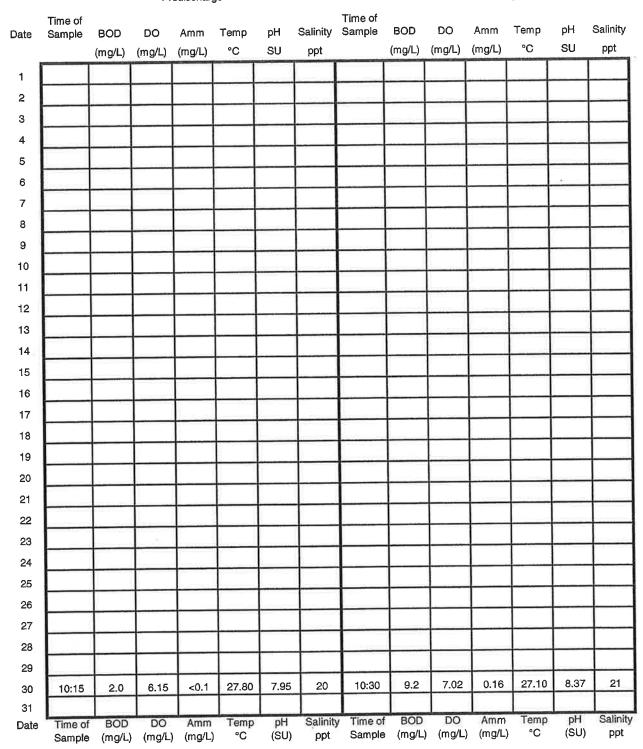
Name of Sample: Ted Schultz

Omega Protein, Inc. VPDES Permit # VA0003867 Part I.B.3

Chesapeake Bay Water Quality Monitoring Data

Predischarge

After Discharge



Name of Vessel: Tangier Island

Name of Sample: Ted Schultz

CB Refrigeration Water Tangier Island July 2008.xls

Facility Name: Omega Protein Address: Reedville, VA.	±
VPDES Permit No.: VA0003867	
Report Period: From 7/1/08 To 7/6/0	
Paint Area COMP	LIANCE / NONCOMPLIANCE * (check as appropriate)
·	
	
*Comments on Noncompliance	
Theodore Schultz /7	Agent7 Title
supervision in accordance with a system des evaluate the information submitted. Based or or those persons directly responsible for gatherny knowledge and belief true, accurate and	8/13/28

Facility Name: Omega Protein Address: Reedville, VA.
VPDES Permit No.: VA0003867
Report Period: From <u>7/7/08</u> To <u>7/13/</u> 08
Paint Area COMPLIANCE / NONCOMPLIANCE * (check as appropriate)
*Comments on Noncompliance
Theodore Schultz / Technical Supervisor Name of Principal Exec. Officer or Authorized Agent / Title
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. paragraph 1001 and 33 U.S.C. paragraph 1319. (Penalties under these statutes may include fines up
Signature of Principal Officer or Authorized Agent / Date
Signature of Philopal Officer of Administration

Facility Name: Omega Protein

VA0003867

Report Period: From 7114108 To 7 186108

Address: Reedville, VA.

VPDES Permit No.:

Paint Area	COMPLIANCE / NONCOMPLIANCE * (check as appropriate)	
<u> </u>		
		± 5
*Comments on Noncompliance		
Theodore Schult.	or Authorized Agent / Title	
I certify under penalty of law that supervision in accordance with a evaluate the information submitted or those persons directly responsing knowledge and belief true, a submitting false information, included to \$10,000 and or maximum impacts.	It this document and all attachments were prepared under not a system designed to assure that qualified personnel propered. Based on my inquiry of the person or persons who mana sible for gathering the information, the information submitted accurate and complete. I am aware that there are significant luding the possibility of fine and imprisonment for knowing violus. J.S.C. paragraph 1319. (Penalties under these statutes may in prisonment of between 6 months and 5 years).	age the system is to the best of nt penalties for lations. See 18
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Signature of Principal Officer or	Authorized Agent / Date	i.